

Name  
In  
Full

Vincent's Angels.

## CERTIFICATE OF DEATH

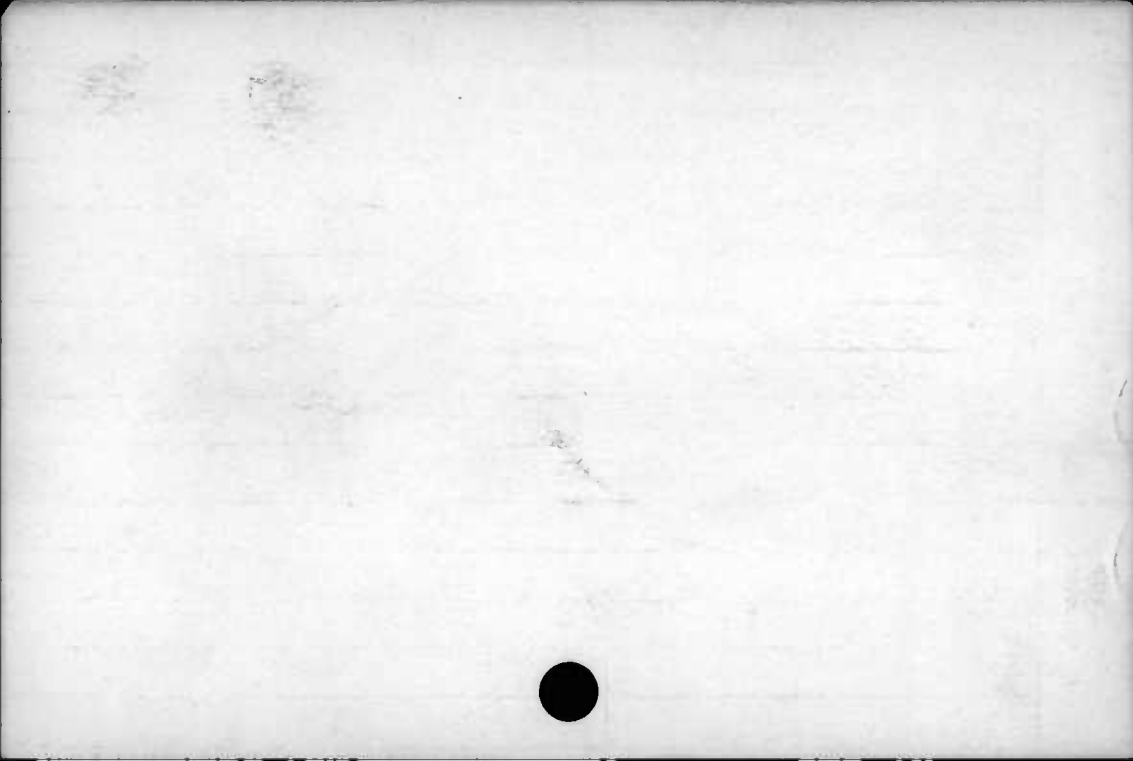
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>3</u>	Age <u>24</u> <sup>Years</sup>	Months	Days
Sex <u>Male</u>	Color or Race <u>Italian</u>		Birth-place <u>Italy</u>		
Married, Single or Widowed <u>Single</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <u>166</u>				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Injury from dynamite explosion</u>	How long
Immediate <u>Peritonitis - exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>James J. Johnson</u>
<u>9</u>	Address <u>Cumberland Md.</u>
Accident or Suicide? <u>Accident</u>	



Name  
in  
Full

Lucile Athey

## CERTIFICATE OF DEATH

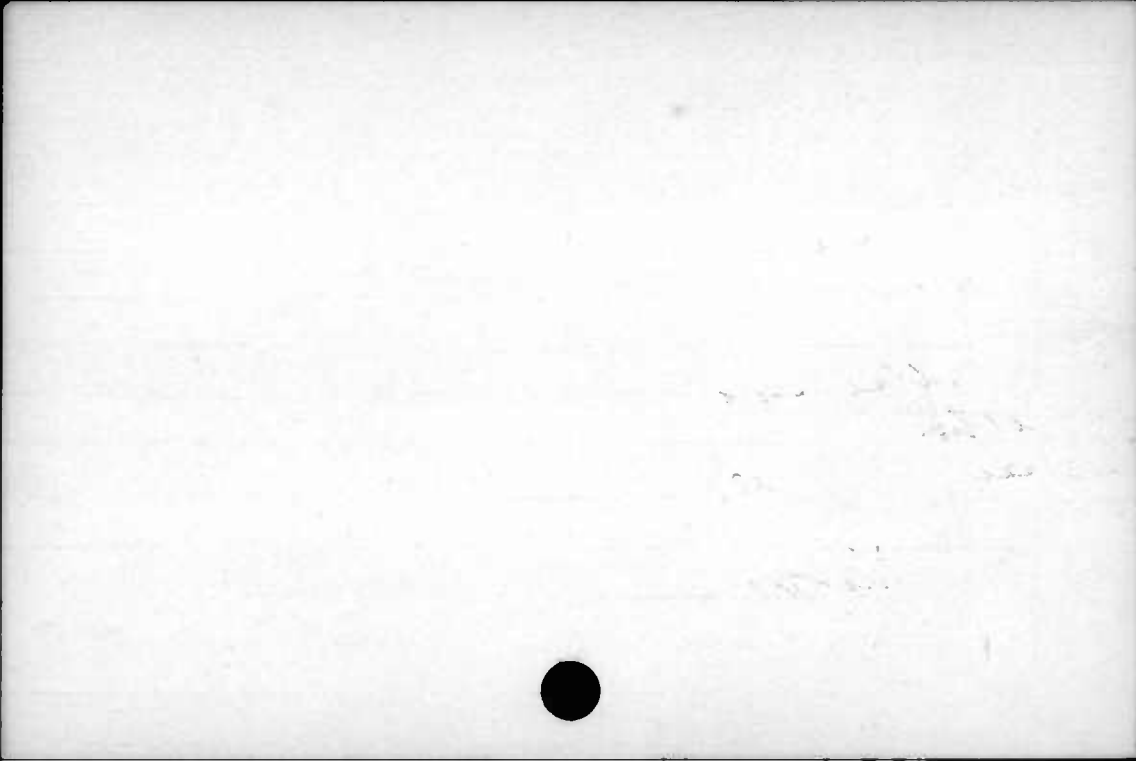
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	June	13	Age 1				
Sex	Female		Color or Race	White		Birth-place	Mid.
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	W. Scott Athey					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inflammation of Bowels	How long	15 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. J. Wilson	
		Address	
		Sandhollow	
Accident or Suicide?		Maryland	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brown</u> <u>Frederick</u> County		MAYLAND	
Date of death 190 <u>3</u> <u>June</u> <u>30</u>	Age <u>Shillbush</u> <u>Years</u> <u>Months</u> <u>Days</u>		
Sex <u>Male</u>	Color or Race <u>W</u>	Birth-place <u>Frederick</u>	
<del>Married, Single or Widowed</del>		Occupation	
Name of Wife or Husband			
Father's Name <u>Adam Brown</u>		Father's Birthplace <u>Pale River</u>	
Mother's Maiden Name <u>Hathorn</u>		Mother's Birthplace <u>" "</u>	
Name of person giving information <u>Sey</u>		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Shillbush</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>	
	Address	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Emily Briant</i>		Town <i>Chambers</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Chambers</i>		Month <i>June</i>		Day <i>16</i>		Years <i>11</i>	
Date of death 1903		Month <i>June</i>		Day <i>16</i>		Years <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Child</i>					
Name of Wife or Husband							
Father's Name <i>R. H. Briant</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Susan Widmore</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>R. H. Briant</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Entero. colitis</i>		How long <i>5 days</i>	
Immediate <i>Spasms</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>O. H. Brace M D</i>	
Address <i>Chambers</i>		Signature <i>Ind</i>	
Accident or Suicide? <i>9</i>			

308 W. Theobald  
AT.



Name  
in  
Full

## CERTIFICATE OF DEATH

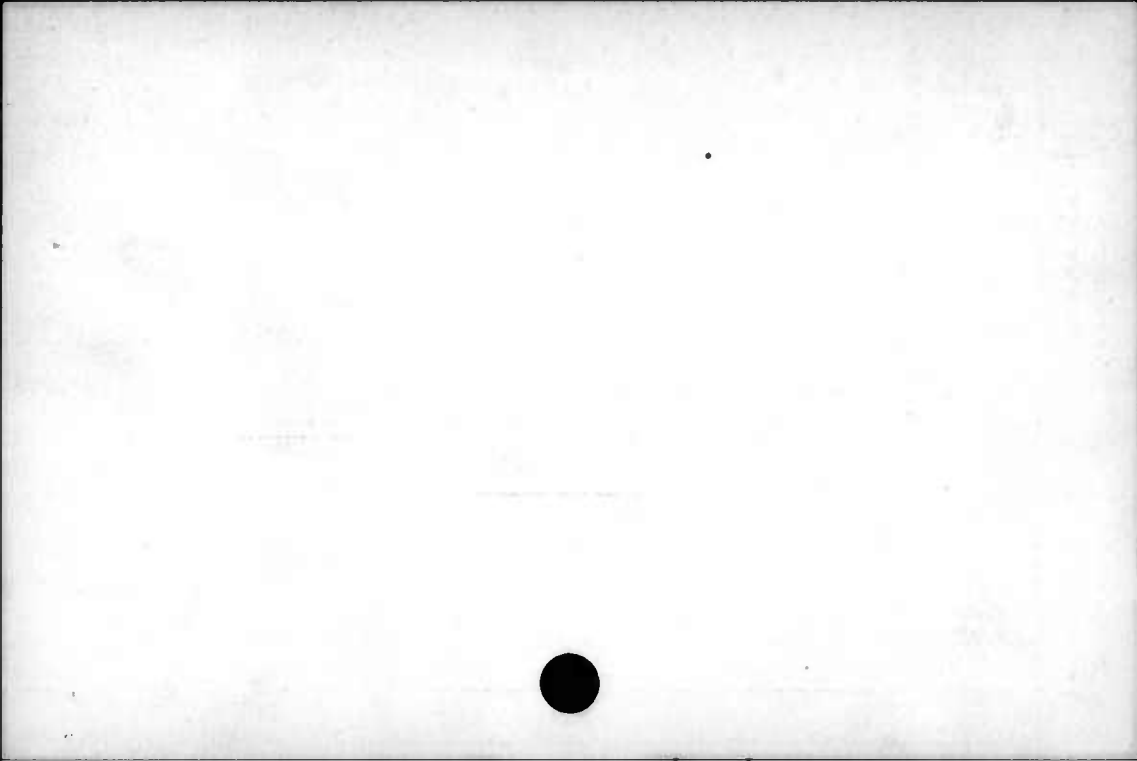
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Thomas Bunkles</i>		Town <i>Cum</i>		County <i>Alle</i>		State <b>MARYLAND</b>	
Died at <i>Cum</i>		Month <i>June</i>		Day <i>16</i>		Years <i>63</i>	
Date of death 190 <i>3</i>		Months —		Days —			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Miller</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Etha Bunkles</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart failure 179</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Lorne</i>
	Address <i>Lorne</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

Sarah Garland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Burrhead</u> <small>Town</small>			<u>Allegheny</u> <small>County</small>			MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>19</u>	Age <u>71</u>	Years <u>71</u>	Months <u>2</u>	Days <u>4</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place			
Married, Single or Widowed <u>Widowed</u>			Occupation <u>Housewife</u>				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of parson giving information				How related to deceased			

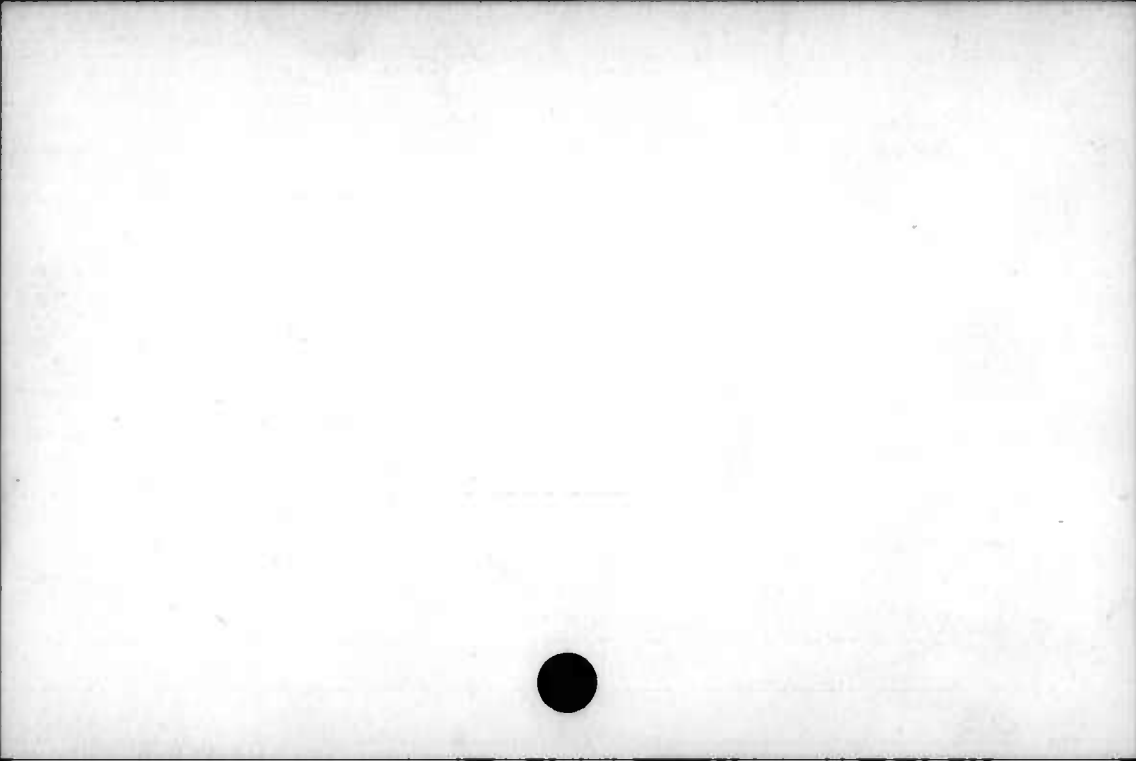
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis of lungs</u>	How long <u>several years</u>
Immediate <u>Asthma</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. H. St. Lawrence</u>
<u>2</u>	Address <u>Burrhead Pa</u>
Accident or Suicide?	



Name in Full		George Parsons				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Amherst</i> Town		County <i>Allegheny</i>		MARYLAND		
	Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>11</i>	Years <i>29</i>	Months	Days	
	Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>SL</i>		
	Married, Single or Widowed <i>Married</i>		Occupation <i>Horse Trainer</i>				
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving In formation				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Syphilis</i>			How long <i>26</i>		How long <i>1 year</i>	
	Immediate <i>Chenosis</i>						
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Geo. W. Brown, M.D.</i>			
				Address <i>Amherst, Pa.</i>			
	Accident or Suicide? <i>2</i>			<i>W.D.</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

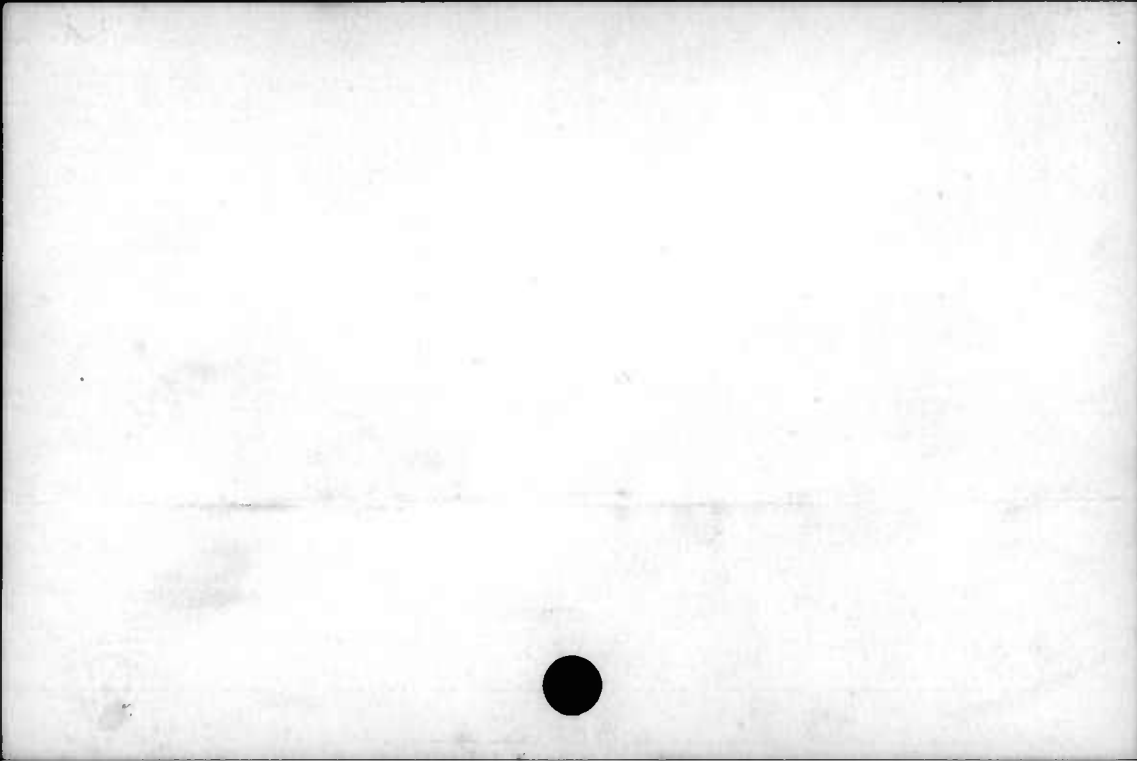
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary H Conrad</i>		Town <i>Rawlings</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Rawlings</i>		Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>17</i>	
Age <i>65</i>		Years <i>65</i>		Months <i>4</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>American</i>		Birth-place <i>Pennsylvania</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Boarder</i>					
Name of <del>Wife or</del> Husband <i>Jacob Conrad</i>							
Father's Name <i>Jacob</i>				Father's Birthplace <i>II</i>			
Mother's Maiden Name <i>Jas Conrad</i>				Mother's Birthplace <i>116</i>			
Name of person giving information <i>Jas Conrad</i>				How related to deceased <i>116</i>			

## CAUSES OF DEATH

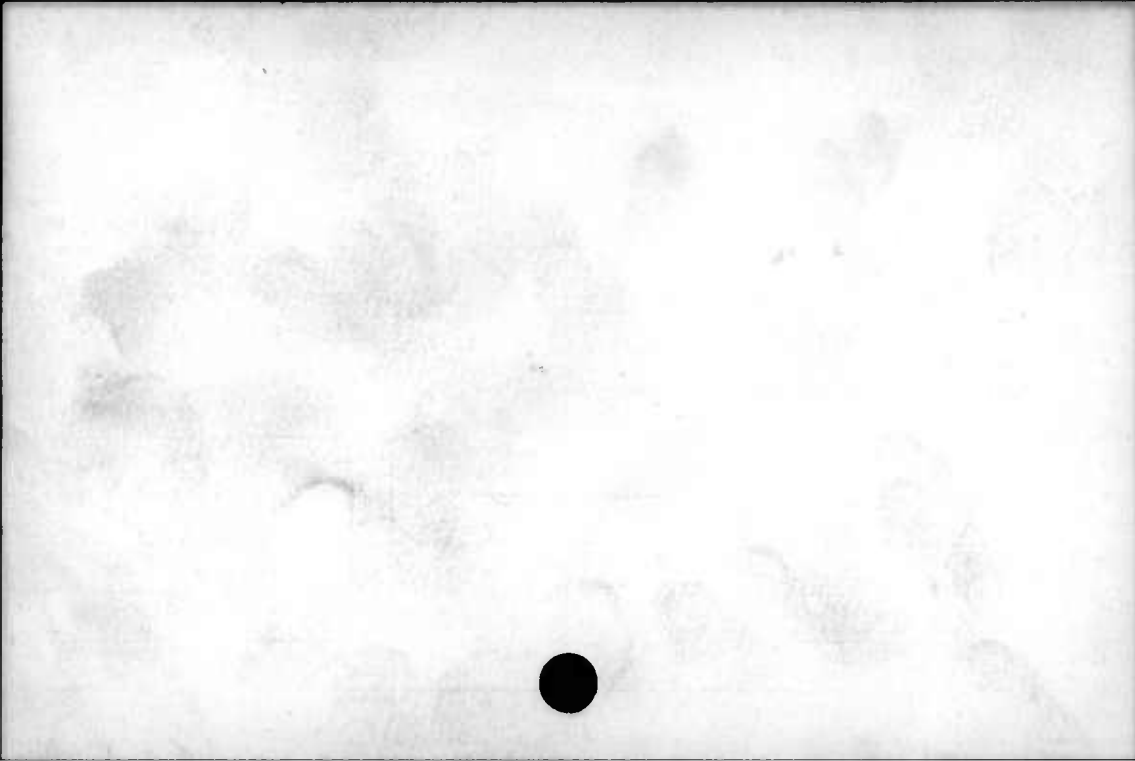
PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Accident on RR</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ed. Cresap (Sub R.)</i>	
		Address <i>Rawlings Md</i>	
Accident or Suicide? <i>9</i>			





Name in Full		MARTIN COSKONSKI				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Donaconing		County		MARYLAND	
	Date of death 190	3	Month	June	Day	22	Age
					Years	59	Months
							Days
	Sex	Male		Color or Race	White		Birth-place
							Germany
	Married, Single or Widowed	Widower		Occupation	Coal Mine Laborer		
Name of Wife or Husband	Catharine Ryanski						
Father's Name	Joseph Coskonski				Father's Birthplace	Poland	
Mother's Maiden Name	Unknown name				Mother's Birthplace	"	
Name of person giving information	Michael Coskonski				How related to deceased	Son	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Chronic Endocarditis 79				How long	fast illness 2 months
	Immediate	Pneumonia				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	M. John Porter
		I				Address	Donaconing Md.
Accident or Suicide?		No					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death		1903	Month	6	Day	27	Age	30
Sex		Female	Color or Race		White		Birth-place	
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information						How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		3 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
9		Address	
Accident or Suicide?			



Name  
in  
Full

Raymond Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Barton</b> Town		County <b>Allegheny</b>		MARYLAND	
Date of death 1903	Month <b>June</b>	Day <b>7</b>	Age	Years <b>7</b>	Months <b>21</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Barton</b>		
Married, Single or Widowed <b>L</b>			Occupation <b>L</b>		
Name of Wife or Husband <b><del>Clennie</del></b>					
Father's Name <b>Thomas Davis</b>			Father's Birthplace <b>Allegheny Co</b>		
Mother's Maiden Name <b>Clennie Isenbort</b>			Mother's Birthplace <b>Allegheny Co</b>		
Name of person giving information <b>Thorn Davis</b>			How related to deceased <b>Father</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Epilepsy</b>	How long	<b>10 days</b>
Immediate	<b>Convulsions</b>	How long	<b>3 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>A. C. Boucher</b>	
		Address <b>Barton Ind</b>	
Accident or Suicide? <b>9</b>			



Name  
in  
Full

*Martin W Douchine*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huffman</i> <sup>Town</sup>			<i>Allegheny</i> <sup>County</sup>			MARYLAND	
Date of death 1903	Month <i>6</i>	Day <i>21</i>	Age <i>43</i>	Years	Months <i>6</i>	Days <i>19</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>				
Married, Single or Widowed			Occupation				
<del>Name of Wife or Husband</del>			<i>Miner</i>				
Father's Name <i>John Douchine</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Margie</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Mrs Patrick Blakke</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alcoholism</i>	How long <i>56</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ischmidt Mayen</i>
	Address <i>Undertaken</i>
Accident or Suicide? <i>9</i>	<i>Forstburg Ma</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wm. J. Eagle</i>		Town <i>Leesburg</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Leesburg</i>		Date of death 190 <i>3</i>		Month <i>4</i>	Day <i>2</i>	Age <i>21</i>	Years <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Martinsburg</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Student</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>— Eagle</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tubercular meningitis</i>	How long <i>28</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. M. Brown MD</i>
	Address <i>Leesburg</i>
Accident or Suicide? <i>2</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

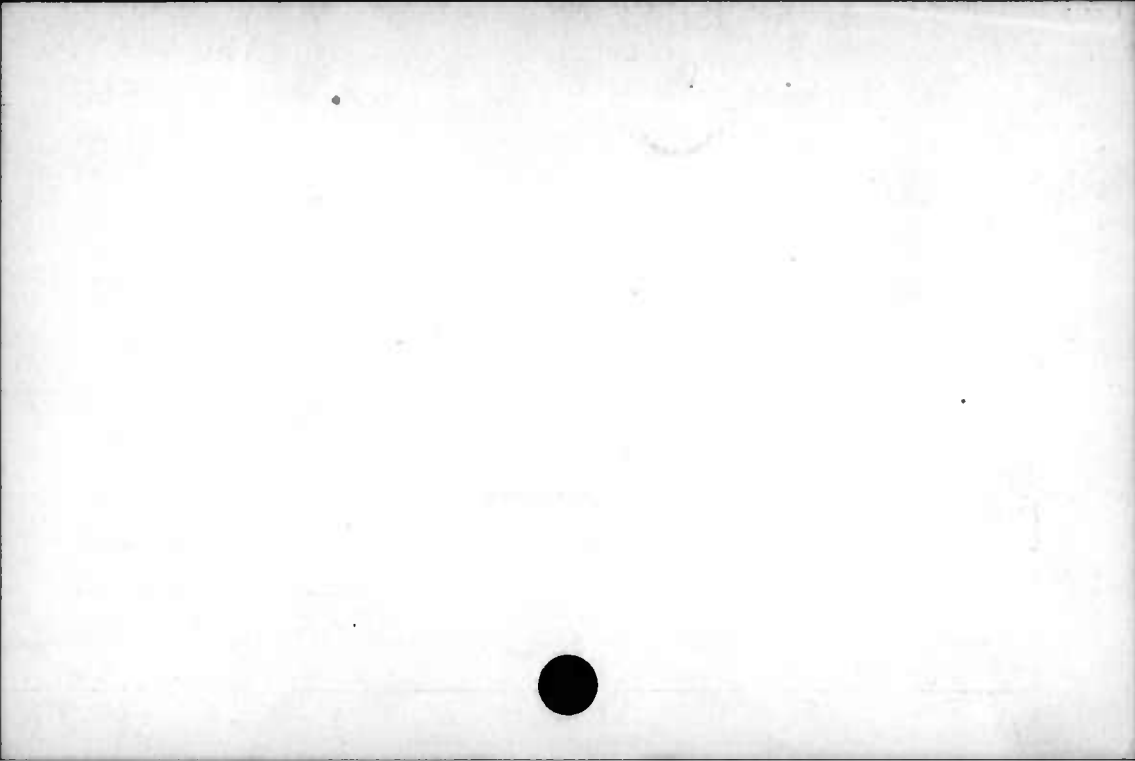
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah Emma</i>		Town <i>Cumttd.</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumttd.</i>		Month <i>6</i>		Day <i>24</i>		Age <i>48</i>	
Date of death 190 <i>3</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>7</i>			
Married, Single <del>or</del> Widowed				Occupation <i>Housewife</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>2 yrs</i>	
Immediate <i>Dr. ...</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. H. ...</i>	
Address <i>Cumttd.</i>			
Accident or Suicide? <i>9</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		June	13	77	7	2	
Sex		Color or Race		Birth-place			
Female		White		Scotland			
Married, Single or Widowed		Occupation					
Married		Housewife					
Name of Wife or Husband							
Thomas Fattkin							
Father's Name				Father's Birthplace			
John Robison				Scotland			
Mother's Maiden Name				Mother's Birthplace			
Miss Barbara Robison				Scotland			
Name of person giving information				How related to deceased			
Mr. J. Fattkin				Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac Dropsy.	How long	6 weeks
Immediate	Hydrothorax	How long	3 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. S. Howard M.D.	
		Address	
		Vale Summit	
		Maryland	
Accident or Suicide?			

B M

Mumms Cran yard

Near Vale Ground

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Name  
in  
Full

Inf. of Peter Frant

Twin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Int Savage</i> Town		County <i>Allegany</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>18<sup>th</sup></i>	Age <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Int Savage</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Peter Frant</i>		<i>151</i>		Father's Birthplace <i>Austria</i>	
Mother's Maiden Name <i>Rougina Francesconi</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Peter Frant</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Labor (7 1/2 mos)</i>	How long <i>1 day</i>
Immediate <i>Same</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ed. Unalby</i>
<i>I</i>	Address <i>Int Savage Ind</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Suocente Frank

Dunbar

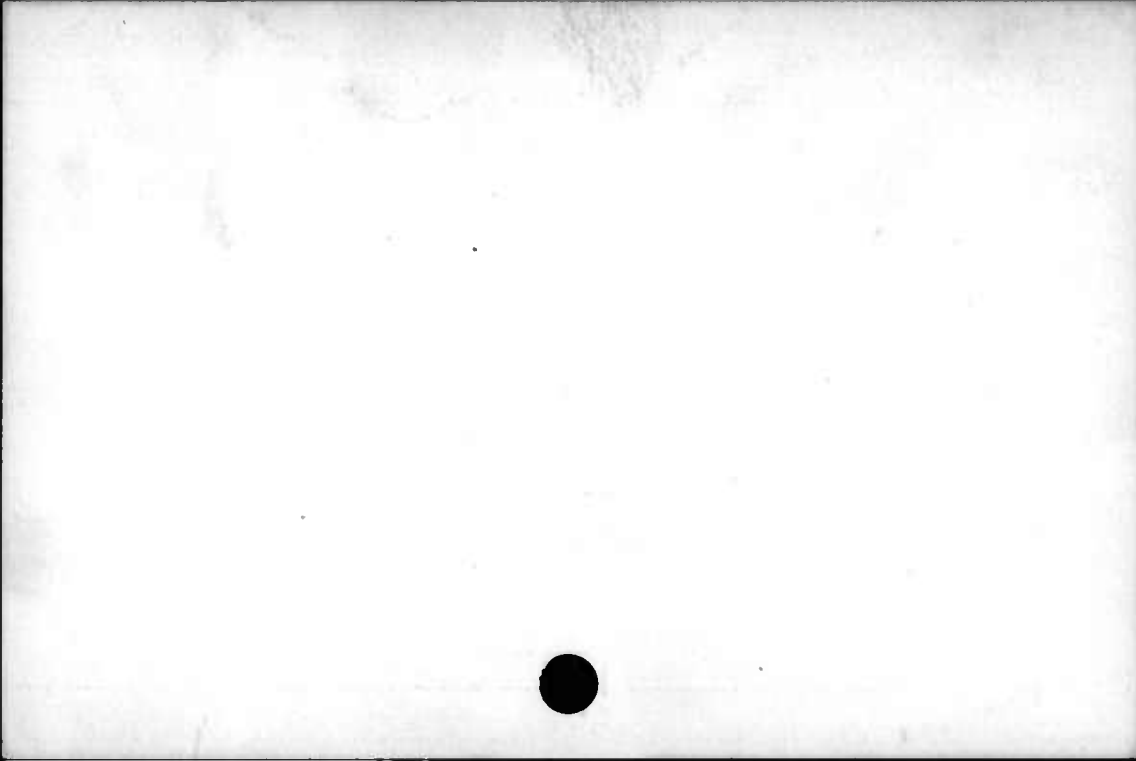
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Mt. Savage		County		MARYLAND	
Date of death 190	3	Month	June	Day	18	Age	Years
Sex		Female		Color or Race		White	
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband		Peter Frank		151		Father's Birthplace	
Father's Name		Peter Frank		151		Stencio Austria	
Mother's Maiden Name		Romajna Francisvoti				Mother's Birthplace	
Name of person giving information		Peter Frank				How related to deceased	
						Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature labor (7 1/2 mos.)	How long	
Immediate	Same	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward A. Woods
		Address	Mt. Savage Md.
Accident or Suicide?			



Name  
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Full

Harriet Goodwin

## CERTIFICATE OF DEATH

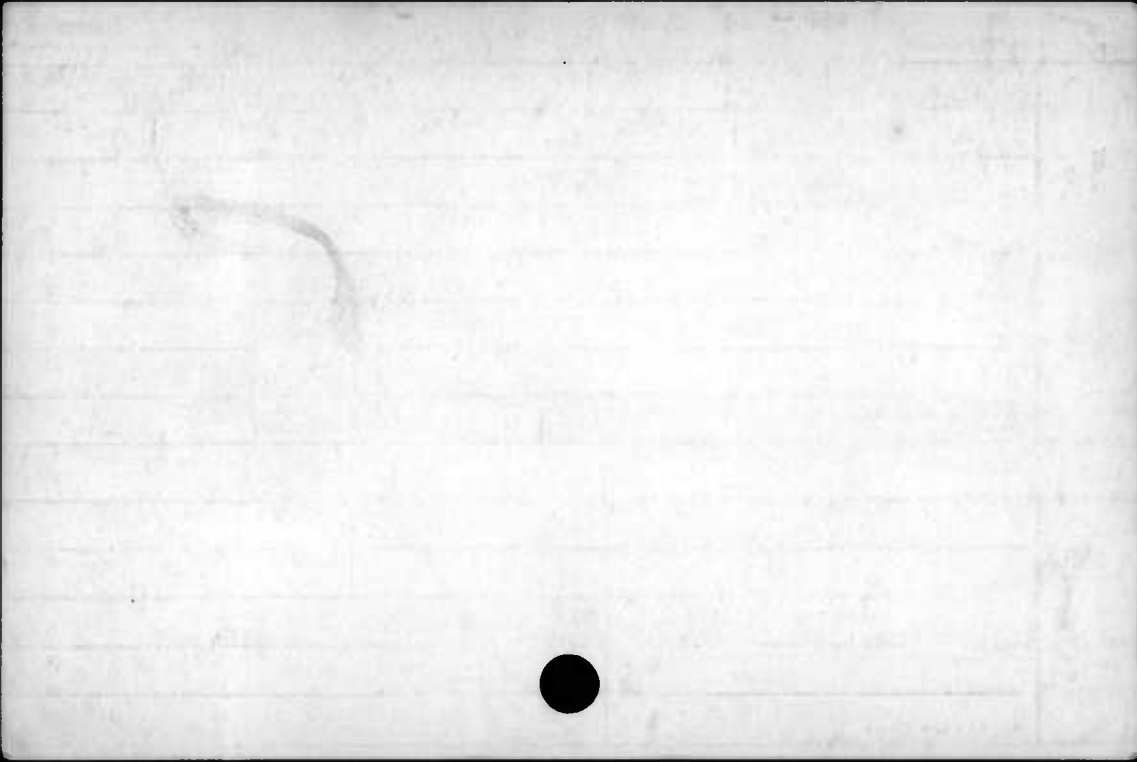
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sonacoming</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>June</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	Age <i>45</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>25</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Wife</i>			
Name of <del>Wife</del> <i>Charles Goodwin</i> <sup>Husband</sup>					
Father's Name <i>Eli Alexander</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Catharine Robbins</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Charles Goodwin</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General Peritonitis [Tubal Infection]</i>	How long	<i>24 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. G. Porter</i>	
		Address <i>Sonacoming Maryland</i>	
Accident or Suicide? <i>No.</i>			



Name  
in  
Full

Margaret Hamilton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 19 <i>33</i>	<i>June</i> <small>Month</small>	<i>16</i> <small>Day</small>	Age <i>64</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Exhaustion</i>	<i>179</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Weiner</i>	
<i>9</i>		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

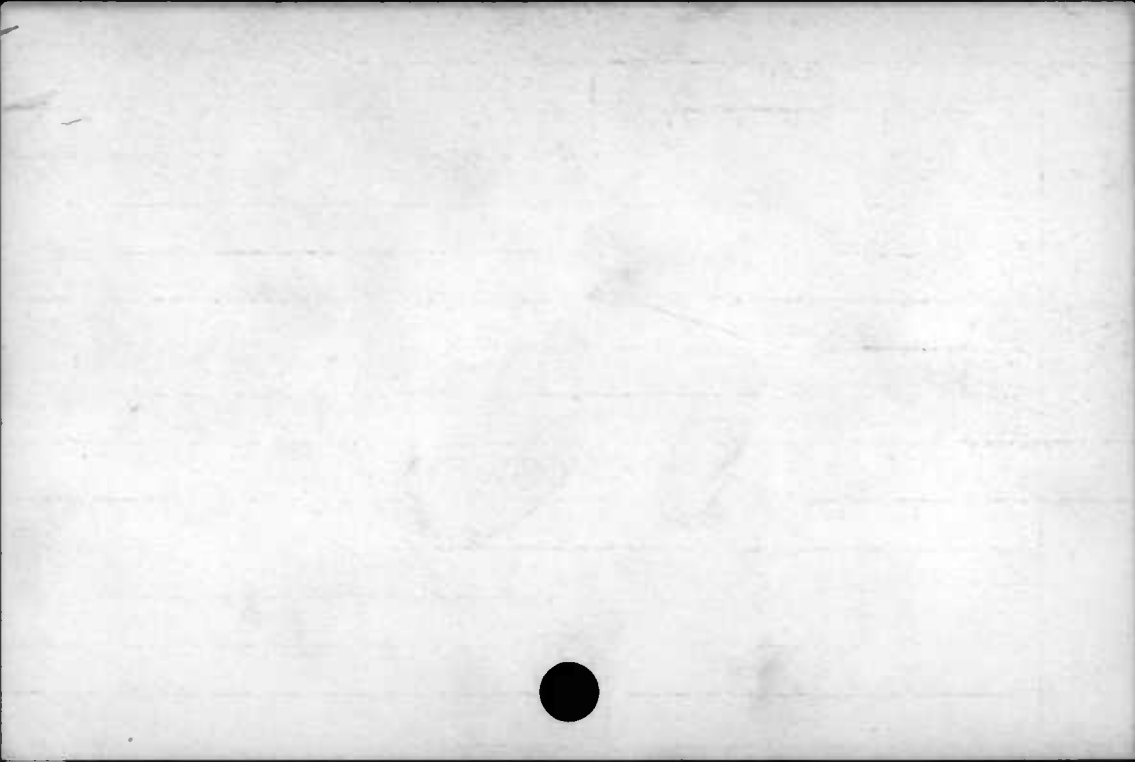
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>So Cumberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>16</i>	Years <i>0</i>	Months <i>6</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Infant</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Samuel H Hardy</i>			Father's Birthplace <i>N. Va</i>		
Mother's Maiden Name <i>Ely W Hamilton</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malaria and Indigestion</i>	How long <i>1 mo</i>
Immediate <i>Exhaustion from Inanition</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Broadbent</i>
<i>9</i>	Address <i>100 Va ave Cumberland Md</i>
Accident or Suicide? <i>No</i>	





George H Harrison

Town

County

Died at

Orleans Road Allegany Maryland MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

June 19

Age 27

Fireman

Male

White

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

none

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

166

Cause of

Primary

R. R accident

How long sick

Death

Immediate

Accident, ~~Suicide~~, Homicide

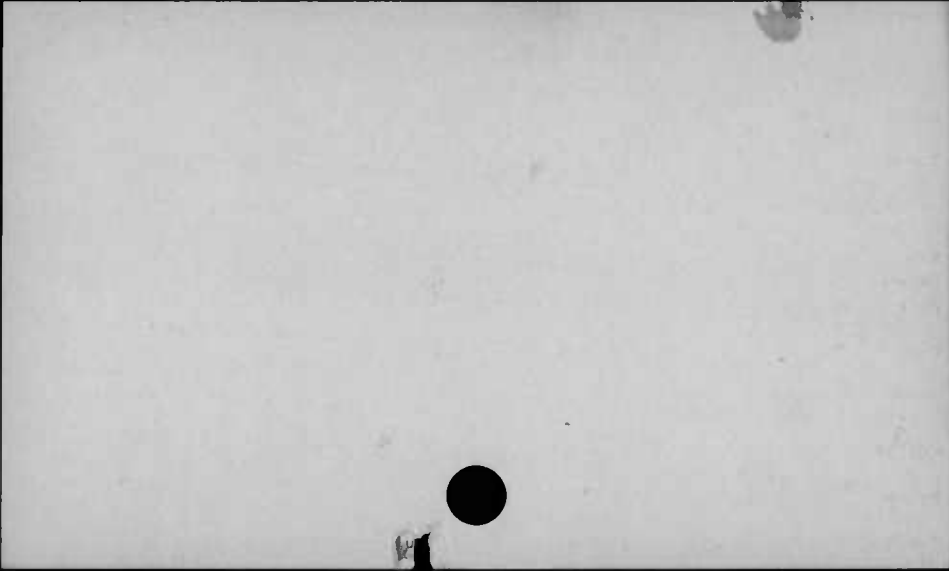
Reported by

R. T. Hy E. Melmer

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Michael Staughton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mt. Savage* Town *Ally* County

Date of death 190 *3* Month *June* Day *16* Age *83* Years Months *—* Days *—*

Sex *Male* Color or *White* Birth-place *Ireland*

Married, Single or Widowed *Widowed* Occupation *None*

Name of Wife or Husband *Ann E Dean*

Father's Name *✓* Father's Birthplace

Mother's Maiden Name *✓* Mother's Birthplace

Name of person giving information *Edward Staughton* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

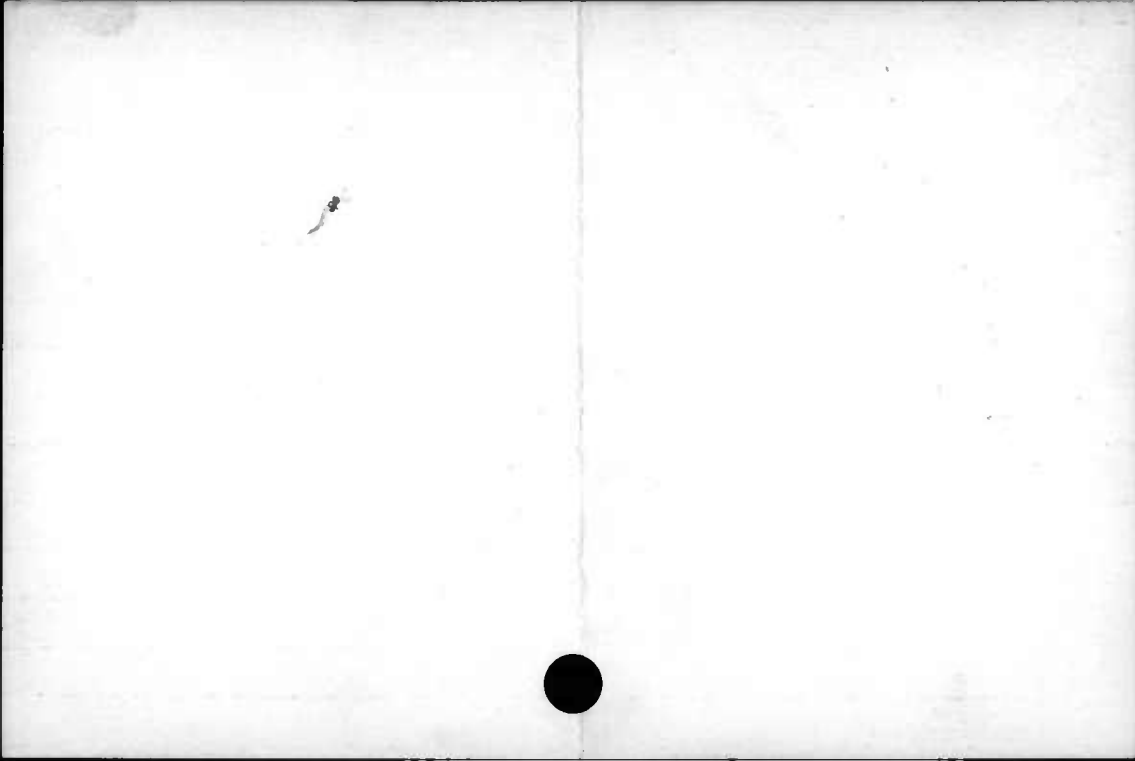
Primary *Grippe* How long *10*

Immediate *Heart Failure* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. P. L. Conroy*  
Address *Mt. Savage Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>9</i>	Age <i>43</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Cigar Mfrgr.</i>				
Name of Wife or Husband							
Father's Name				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace <i>Germany</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old osteo-mycelitis</i>	How long <i>30 yrs</i>
Immediate <i>Septicaemia</i>	How long <i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. V. Staushung</i>
<i>Sermann Lutten</i>	Address <i>Cumberland Md</i>
Accident or Suicide?	

54



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Ireland		
Married, Single or Widowed	Married		Occupation				
Name of Wife or Husband	Daniel Holan						
Father's Name	Patrick Brighton					Father's Birthplace	Ireland
Mother's Maiden Name	Susan Thibault					Mother's Birthplace	Ireland
Name of person giving information	Michael Holan					How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral hemorrhage	How long	
Immediate	Paralysis General	How long	About nine weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. D. Kelling
		Address	Loracorn, N.Y.
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> Town		County <i>Allegany</i>		MARYLAND	
Date of death 190	3 June	Day 3 <sup>rd</sup>	Age <i>none</i>	Months <i>none</i>	Days <i>none</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Frostburg</i>		
Married Single or Widowed <i>at</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>Arthur J. Irwin</i>		Father's Birthplace <i>Phelan Pa</i>			
Mother's Maiden Name <i>Agatha R. Snyder</i>		Mother's Birthplace <i>Frostburg</i>			
Name of person giving information <i>Father &amp; Mother</i>		How related to deceased <i>Parents</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>death prior to birth</i>	How long <i>Don't know</i>
Immediate <i>Still born</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. T. Jacobs</i>
	Address <i>Frostburg</i>
Accident or Suicide <i>no</i>	

GSM

Percy Grainger

Name  
in  
Full

CERTIFICATE OF DEATH

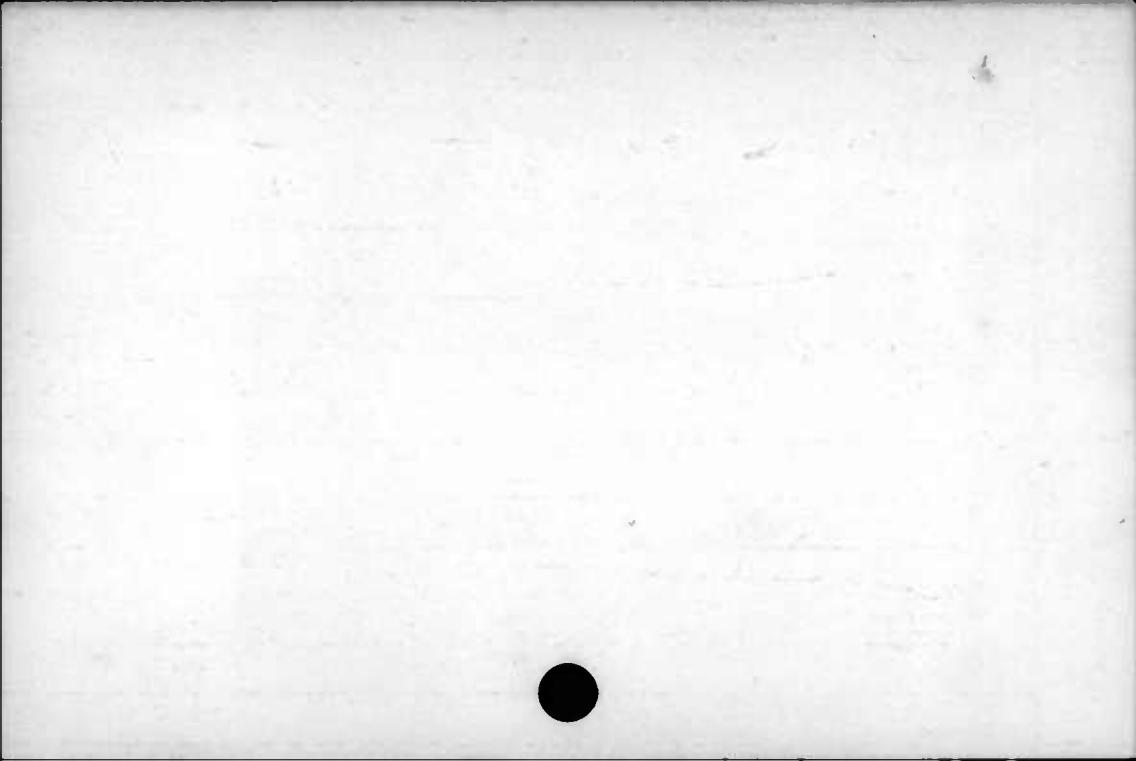
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Quantico</u> <u>Virginia</u> County		MARYLAND	
Date of death 190 <u>3</u> <u>June</u> <u>3</u>	Month <u>3</u> Day <u>3</u>	Age <u>15</u> Years	Months <u>0</u> Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Flensburg</u>	
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>	
Name of Wife or Husband <u>None</u>			
Father's Name <u>W. H. Reyer</u>		Father's Birthplace <u>Pa</u>	
Mother's Maiden Name <u>Mary Reyer</u>		Mother's Birthplace <u>Scotland</u>	
Name of person giving information <u>None</u>		How related to deceased <u>None</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature birth</u>	How long <u>None</u>
Immediate <u>None</u>	How long <u>None</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. B. Swartz</u>
	Address <u>None</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

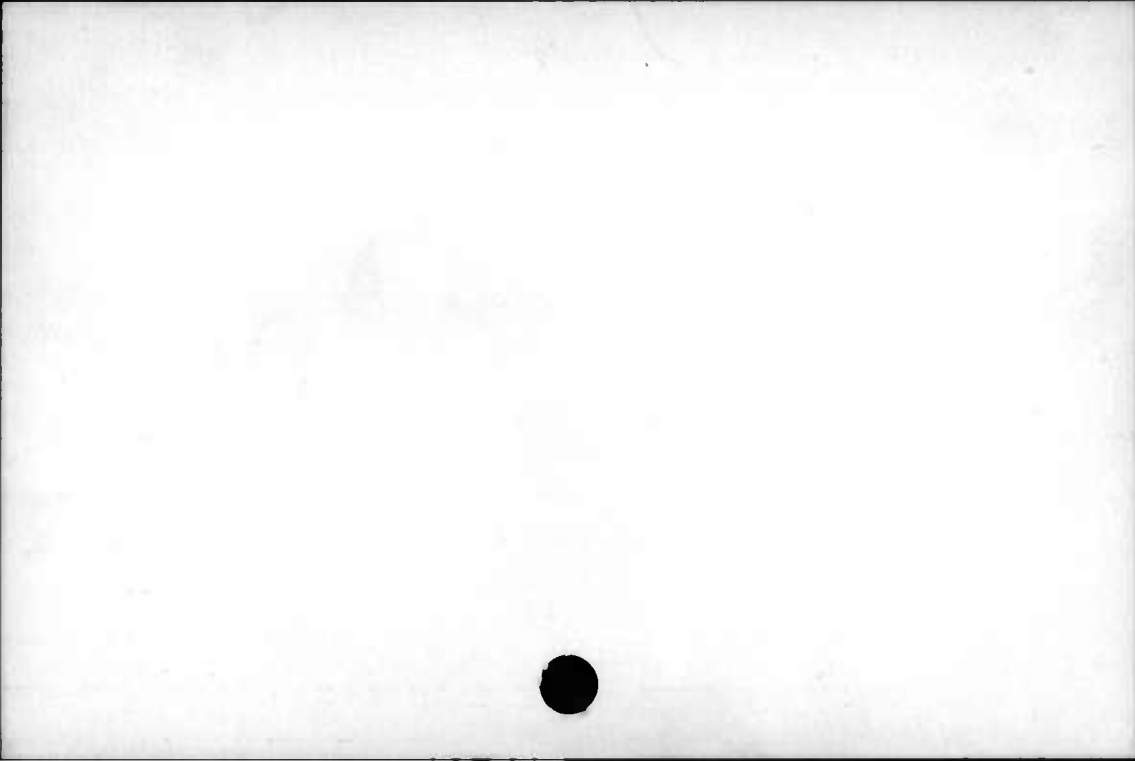
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month June		Day 8		Age 70	
Sex Male		Color or Race White		Birth-place Scotland		Months	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cirrhosis of Liver	How long	One year
Immediate	Cirrhosis	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
2		Lona Army	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> Town <u>Allegheny</u> County		MARYLAND	
Date of death 1903	Month <u>June</u>	Day <u>9</u>	Age <u>40</u> Years
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>	
Married, Single or Widowed <u>Single</u>	Occupation <u>Housework</u>		
Name of Wife or Husband			
Father's Name		Father's Birthplace <u>Germany</u>	
Mother's Maiden Name		Mother's Birthplace <u>Germany</u>	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart degeneration</u>	How long <u>many years</u>
Immediate <u>Bright's disease</u>	How long <u>6 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. H. Slansbury</u>
<u>St Peter &amp; Pauls</u>	Address <u>Cumberland Ind</u>
Accident or Suicide?	





Name

in  
Full

## CERTIFICATE OF DEATH

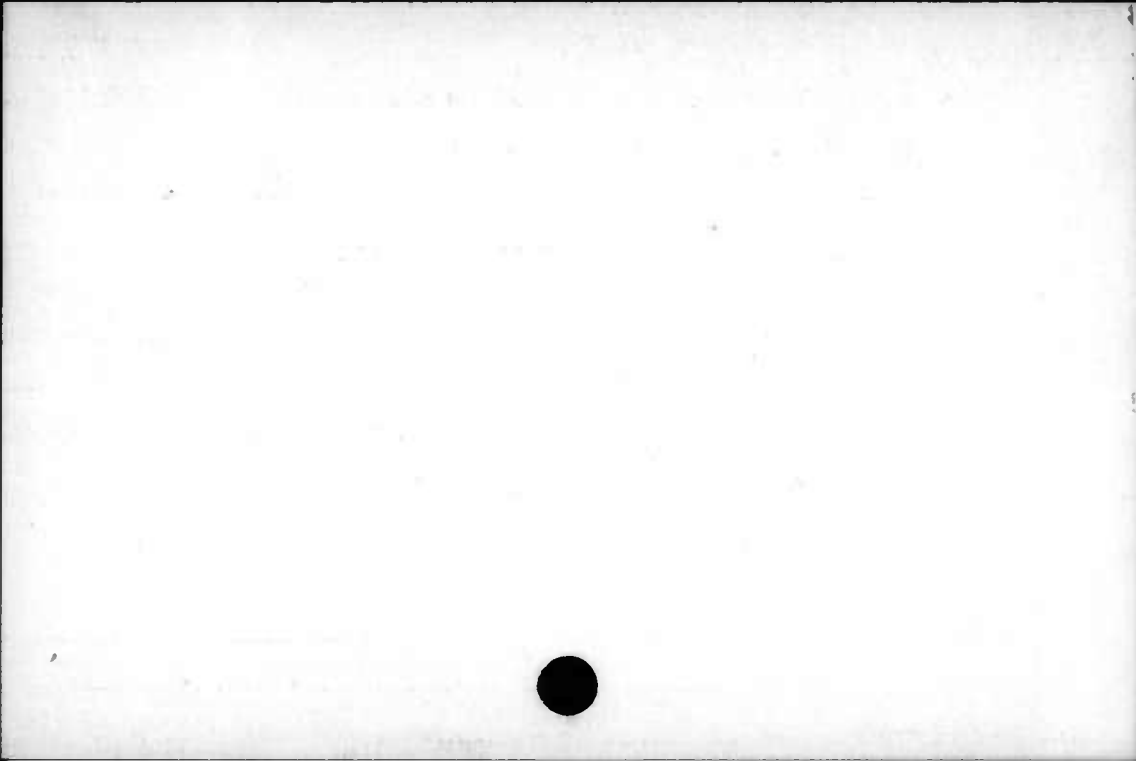
TO BE ANSWERED BY  
NEAREST FRIEND

Died at: <i>MT. Sragh</i>		Town <i>Laurey</i>		County <i>Bellegany</i>		MARYLAND	
Date of death 190	3	Month <i>June</i>	10	Day	6	Years	0
Sex <i>Male</i>	Color or Race <i>W</i>		Birthplace <i>MT. Sragh Md</i>		Months		
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel T. Laurey</i>				Father's Birthplace <i>Bedford Co. Pa</i>			
Mother's Maiden Name <i>Alcinda Goat</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Samuel T. Laurey</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Probably frequent labor</i>	How long <i>—</i>
<i>and pro work</i>	How long <i>—</i>
Immediate <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edw. D. Dwyer</i>
	Address <i>MT. Sragh Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

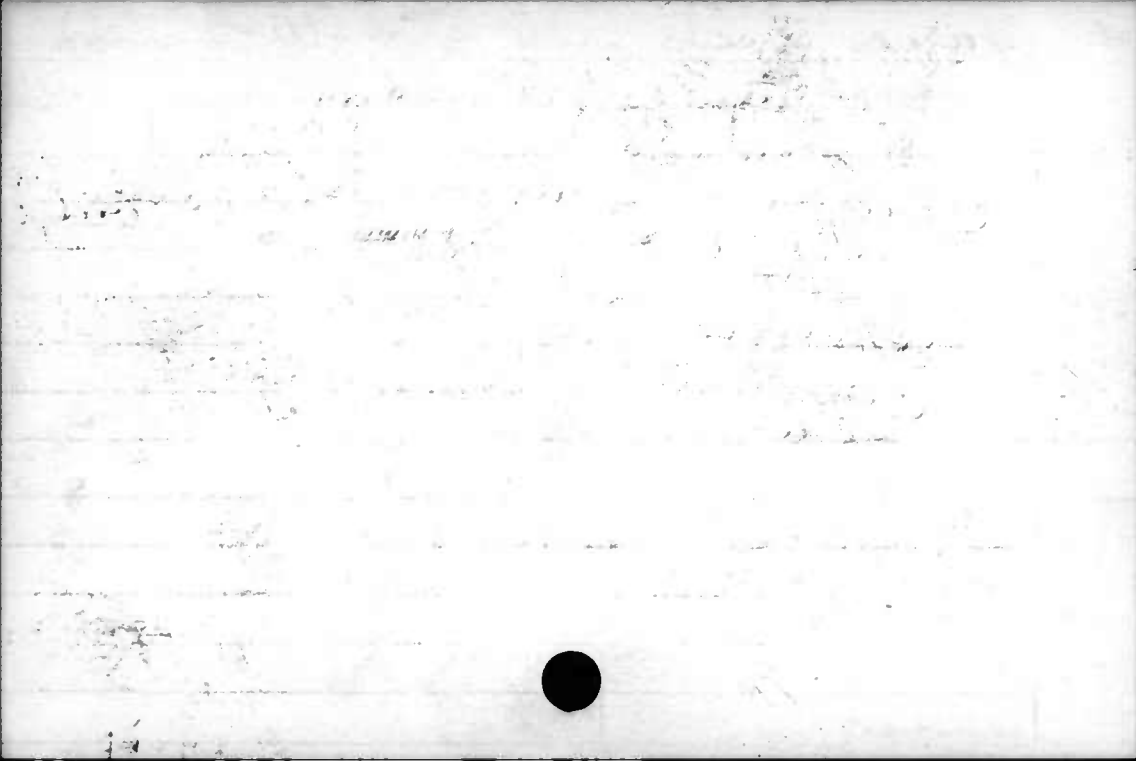
MARYLAND

Name <i>James Lee</i>		Town <i>Hoffman</i>		County <i>Allegheny</i>	
Died at <i>Hoffman</i>		Month <i>June</i>		Day <i>23</i>	
Date of death 190 <i>0</i>		Age <i>18</i>		Years <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chester Md</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Miner</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. D. Lee</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>John Welsh</i>				How related to deceased <i>Brother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Killed by falling coal</i>	How long	<i>Instantly</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Cober</i>	
		Address <i>Fort Union Md</i>	
Accident or suicide? <i>Yes</i>			



Name  
in  
Full

Abraham Davis Lodew

## CERTIFICATE OF DEATH

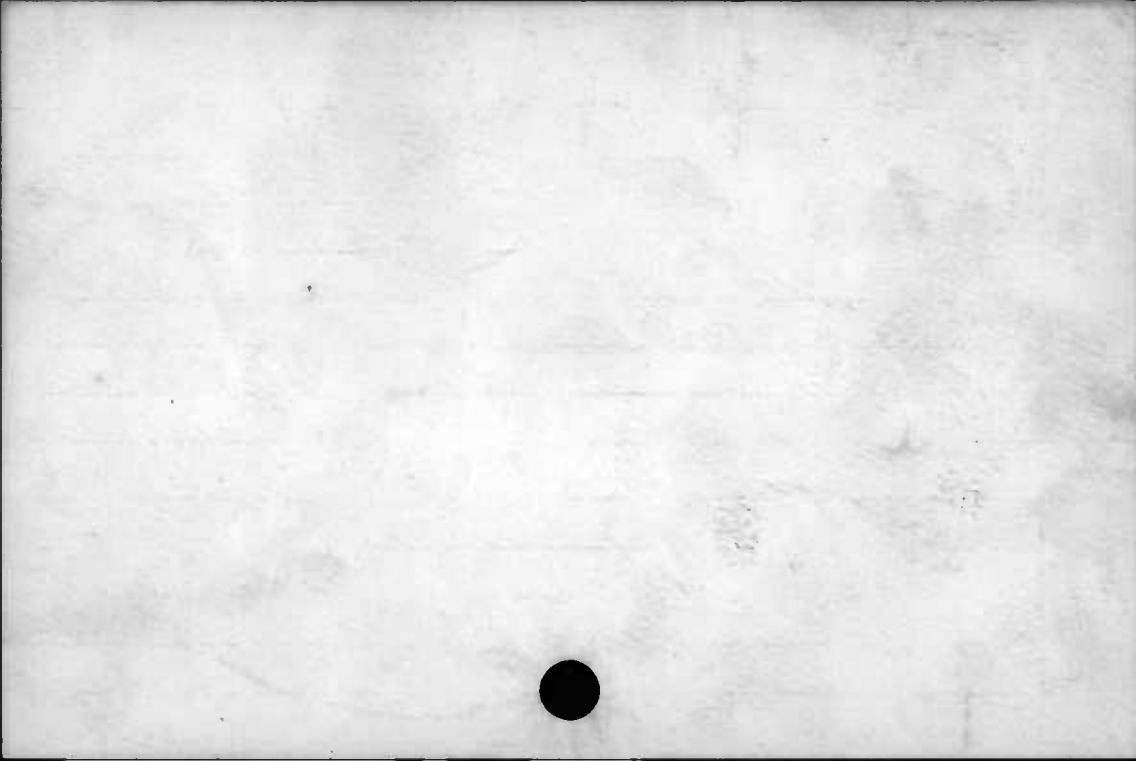
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Alleghany</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>June</u> <sup>Month</sup>	<u>23</u> <sup>Day</sup>	Age <u>68</u> <sup>Years</sup>	<u>9</u> <sup>Months</sup>	<u>14</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Nestle Co MT - Y -</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Retired Merchant</u>		
Name of Wife or <u>Rebecca Lodew nee Anderson</u>					
Father's Name <u>Abraham D. Lodew</u>			Father's Birthplace <u>Nestle Co MT - Y -</u>		
Mother's Maiden Name <u>Leah Davis</u>			Mother's Birthplace <u>Nestle Co MT - Y -</u>		
Name of person giving Information <u>H.S. Lodew</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Enlarged Prostate - Heart disease</u>	How long <u>one year</u>
Immediate <u>Uræmia</u>	How long <u>two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E.D. Duke</u>
<u>I</u>	Address <u>Cumberland Md</u>
Accident or Suicide? <u>I</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

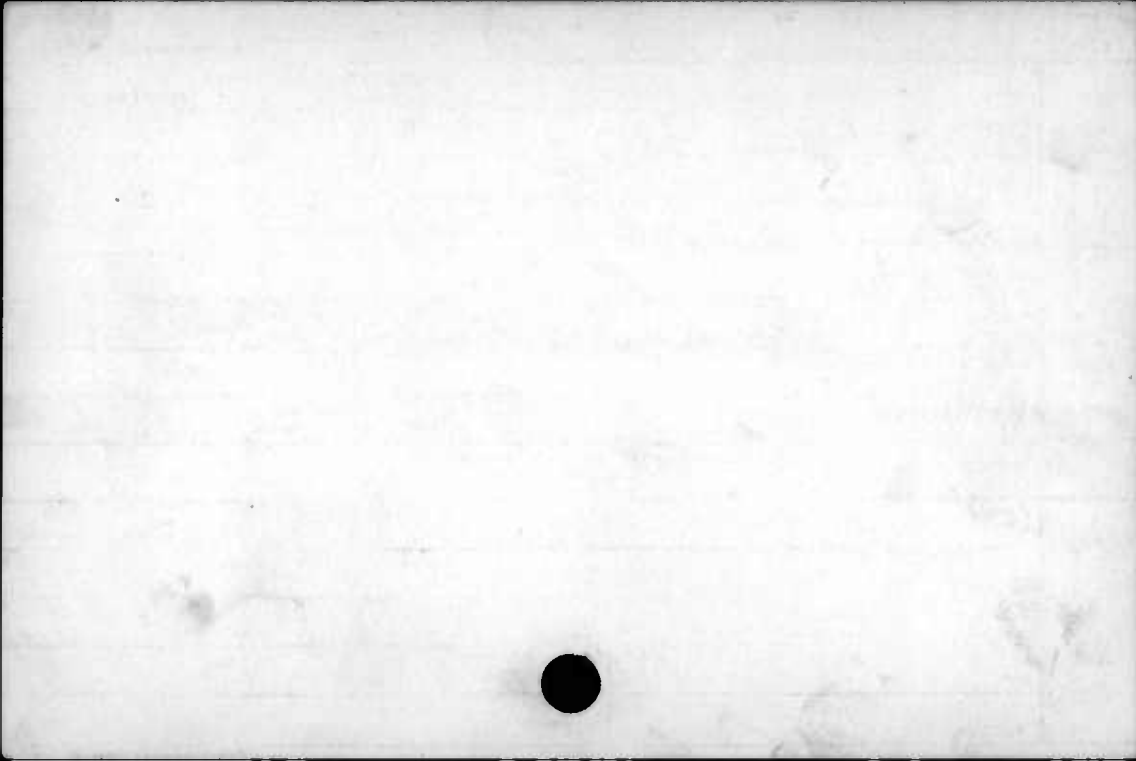
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Donacoony</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>11</u>	Age <u>26</u>	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Donacoony Md.</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>Mine Driver (Coal)</u>			
Name of Wife or Husband					
Father's Name <u>Henry M<sup>c</sup> Gee</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Annie Wilson</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Mrs. J. Getson</u>			How related to deceased <u>Sister</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>4 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>M. D. Porter</u>	
		Address <u>Donacoony Md.</u>	
Accident or Suicide? <u>No</u>			





Name  
Full

CERTIFICATE OF DEATH

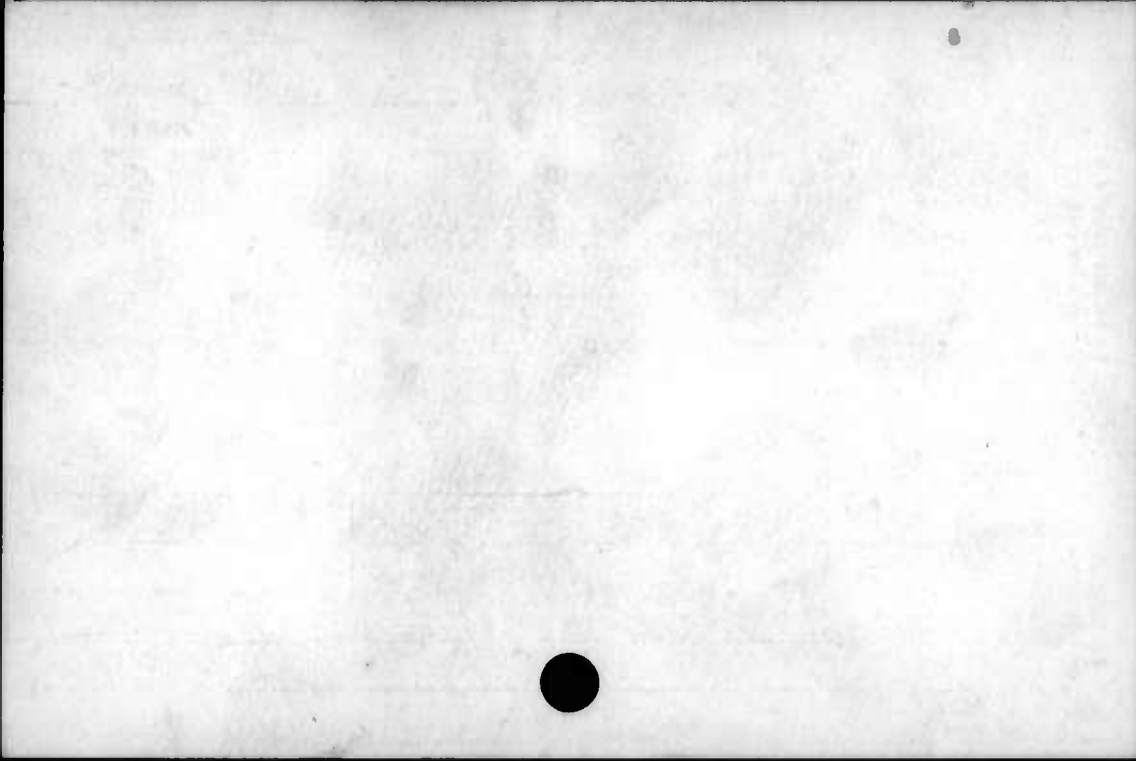
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cum</u> Town <u>Alle</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>June</u> Day <u>21</u> Age <u>2</u> Years Months Days			
Sex <u>Female</u> Color or Race <u>Italian</u> Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Single</u> Occupation <u>Child</u>			
Name of Wife or Husband			
Father's Name <u>Dominico Maider</u>	Father's Birthplace <u>Italy</u>		
Mother's Maiden Name	Mother's Birthplace <u>Italy</u>		
Name of person giving information <u>Dominico Maider</u>	How related to deceased <u>Rather</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute Meningitis</u>	How long <u>6 days</u>
Immediate <u>Cerebellar</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>[Signature]</u>
Accident or Suicide? <u>9</u>	<u>Ind</u>



Name  
in  
Full

Infant of A.L. Miles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland Md		County Alleghany		MARYLAND	
Date of death 190	3	Month June	Day 29	Age	Years —	Months 2	Days 15
Sex	Male		Color or Race	White		Birth- place	Cumberland Md
Married, Single or Widowed	Single			Occupation	Infant		
Name of Wife or Husband —							
Father's Name				Arthur L. Miles			
Mother's Maiden Name				—			
Name of person giving In formation				Arthur L. Miles			
Father's Birthplace				England			
Mother's Birthplace				England			
How related to deceased				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Not known	How long	11
Immediate	Convulsion	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. S. Duke	
Address		Cumberland Md	
Accident or Suicide?		I	



Name  
in  
Full

## CERTIFICATE OF DEATH

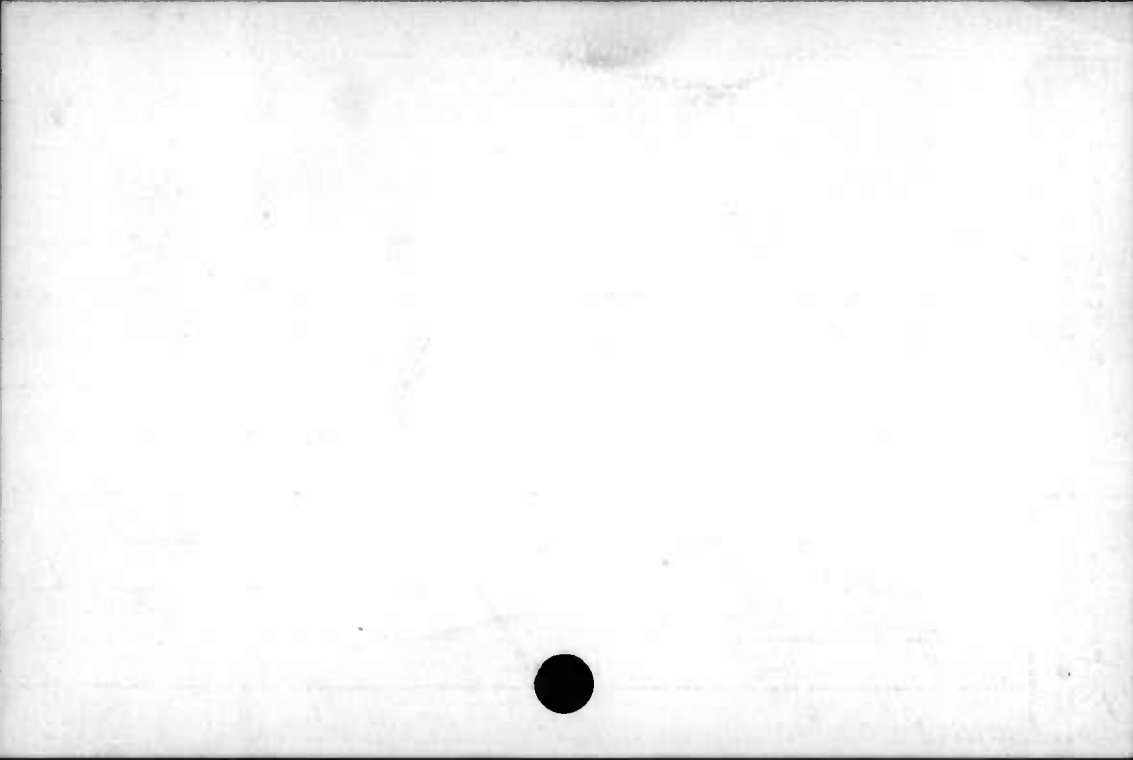
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Mills</i>		Town <i>Lisacoming</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>Lisacoming</i>							
Date of death 1903	Month <i>June</i>	Day <i>16</i>	Age	Years <i>43</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>England</i>				
Married, Single <del>or Widowed</del>			Occupation <i>Miner</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel Mills</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Sarah A. Nightengale</i>				Mother's Birthplace <i>England</i>			
Name of person giving information <i>Wesley Mills</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>8 months</i>
Immediate	<i>Uremic Coma</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. B. Skilling</i>	
		Address <i>Lisacoming</i>	
Accident or Suicide? <i>No</i>			



Name in Full <b>Sturmy Munson</b>		CERTIFICATE OF DEATH			
Died at <b>Fire-clay Mines</b> <sup>Town</sup>		<b>Allegheny</b> <sup>County</sup>		MARYLAND	
Date of death 190 <b>3</b> <sup>Month</sup> <b>June</b> <sup>Day</sup> <b>1</b> <sup>Age</sup> <b>28</b> <sup>Years</sup> <b>+</b> <sup>Months</sup> <b>+</b> <sup>Days</sup> <b>+</b>					
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Hancock-Md.</b>	
Married, Single or Widowed <b>Single</b>		Occupation <b>Fire-clay miner</b>			
Name of Wife or Husband					
Father's Name <b>John W. Munson</b>				Father's Birthplace <b>Cleaspring-Md.</b>	
Mother's Maiden Name <b>Columbia Simmons</b>				Mother's Birthplace <b>Hancock-Md.</b>	
Name of person giving information <b>Norman L. Munson</b>				How related to deceased <b>Brother</b>	

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<b>Fall of soap-stroke in mine</b>	How long	<b>3 minutes</b>
	Immediate	<b>Broken neck</b>	How long	<b>3 minutes</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Edward Quales</b>	
			Address <b>Mt. Savage-Md.</b>	
	Accident or Suicide? <b>Accident</b>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

*Mrs. Mary Varin*

Town *Westernport* County *allegany*

Died at *Westernport*

Date of death 190 *3* Month *6* Day *12* Age *80* Years Months Days

Sex *Female* Color or Race *Irish (white)* Birth-place *Ireland*

Married, Single or Widowed *Widow* Occupation *Boarder*

Name of Wife of Husband *John Varin Dec.*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Michael Rooney* How related to deceased *Nephew*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Old age* *154* How long *6 months*

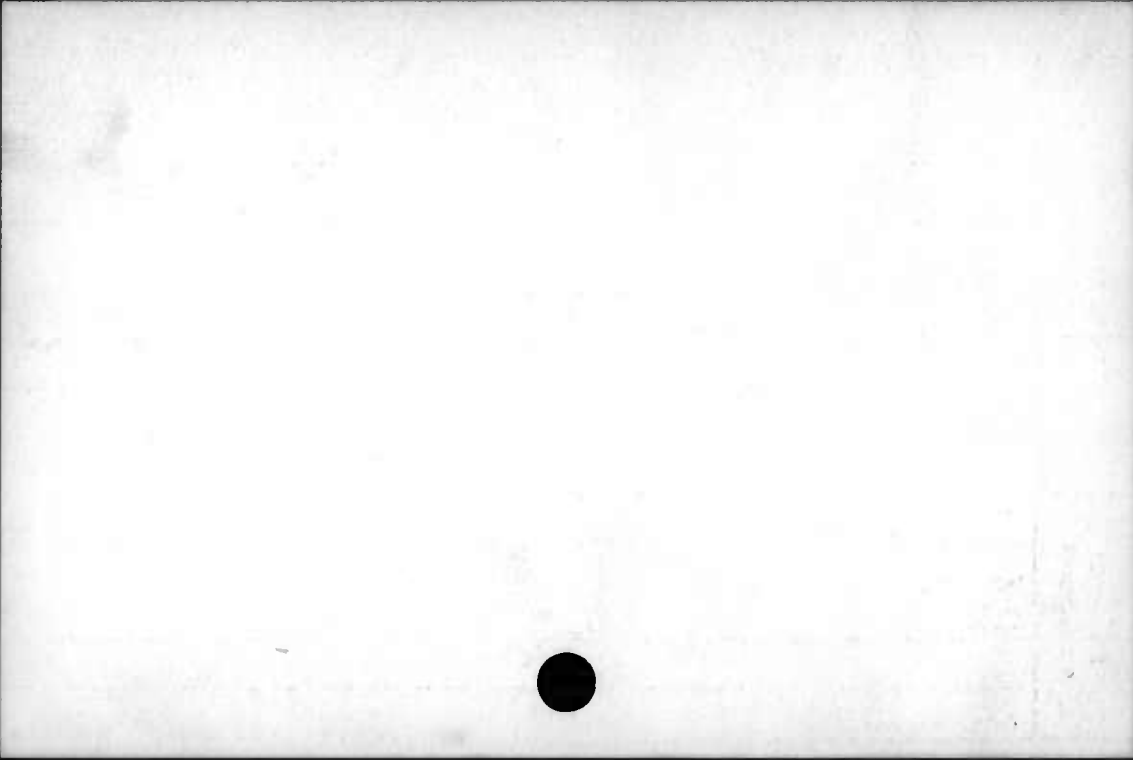
Immediate *Exhaustion* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Shup*

Address *Westernport md*

Accident or Suicide? *9*



Name  
in  
Full

CERTIFICATE OF DEATH

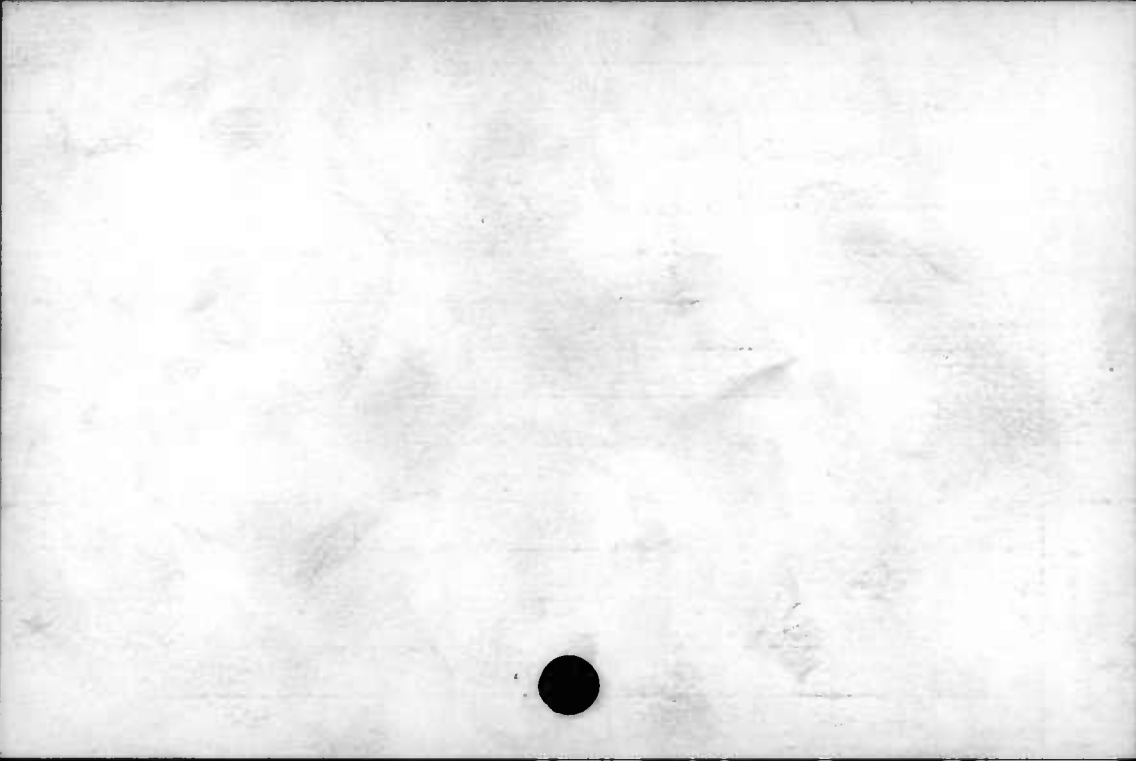
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Vergil Page</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MAYLAND	
Died at <i>Cumberland</i>		Month <i>June</i>		Day <i>29</i>		Years <i>18</i>	
Date of death 190 <i>3</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Cumberland Md</i>			
Married, Single or Widowed <i>single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>James H Page</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Josephine Page</i>				Mother's Birthplace <i>Cumberland Md</i>			
Name of person giving information <i>Mother</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Coronary degeneration Heart</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. B. W. Jones</i>	
Address <i>Cumberland</i>			
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Robert S. Paul

## CERTIFICATE OF DEATH

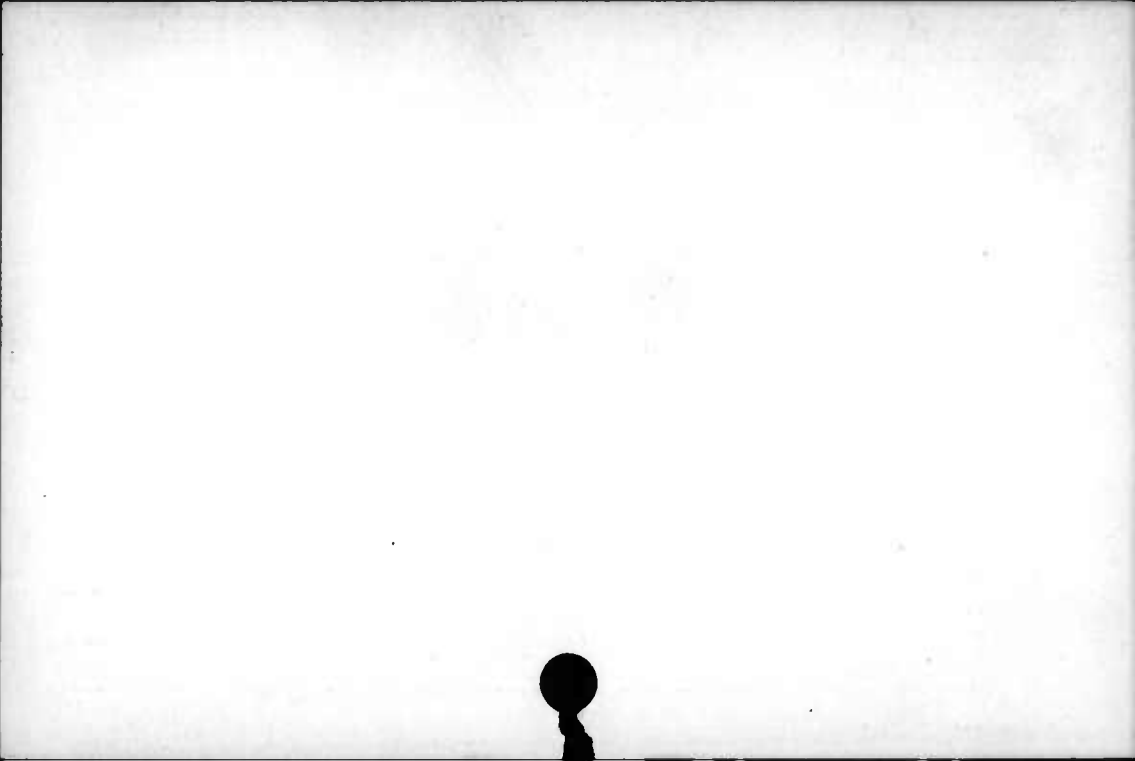
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lumberton</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>5</i>	Age <i>77</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>N. J.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Machinist</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic</i>	How long <i>10 days</i>
Immediate <i>&amp; haemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Fairbank</i>
<i>g</i>	Address <i>Lumberton</i>
Accident or Suicide?	<i>no</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

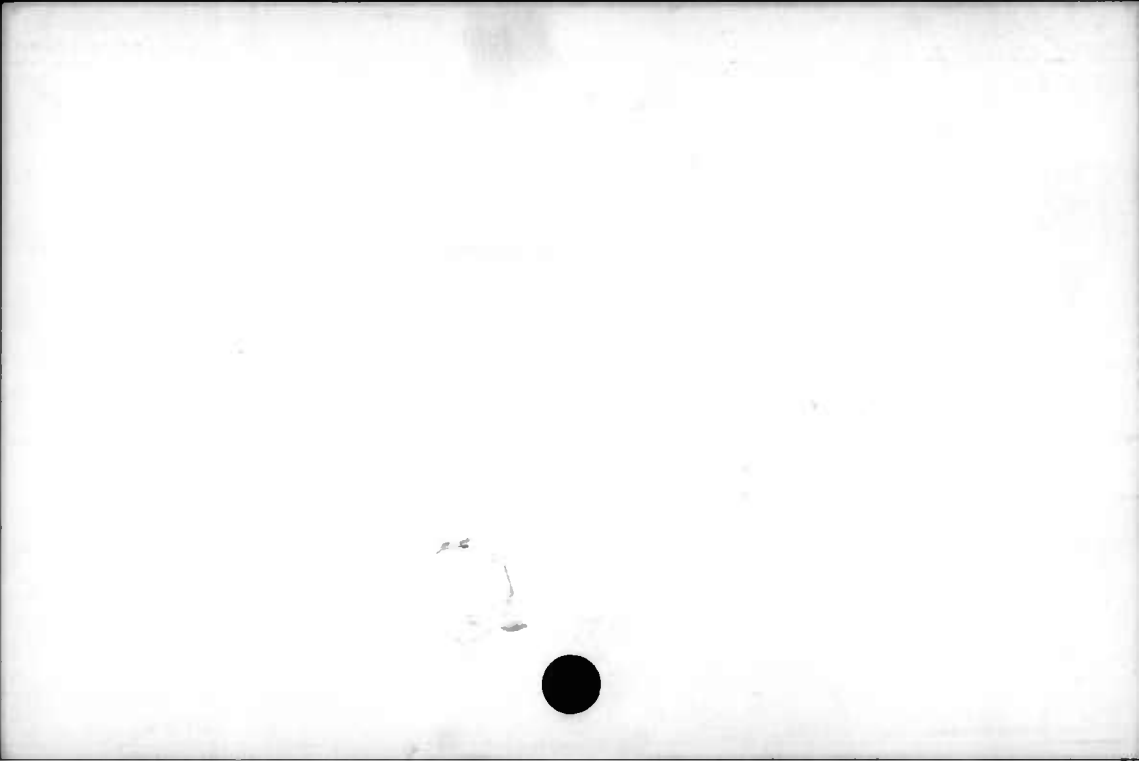
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Adler</i> County		MARYLAND	
Date of death	1903	Month	June	Day	28
Age	35	Years	6	Months	-
Sex	Male	Color or Race	White	Birth-place	md
Occupation	none	Where Residing if not at place of death -			
Married, Single or Widowed	Single	Name of Wife or Husband -			
Father's Name	-	Father's Birthplace -			
Mother's Maiden Name	-	Mother's Birthplace -			
Name of person giving Information	Undertaker	How related to deceased none			

## CAUSES OF DEATH

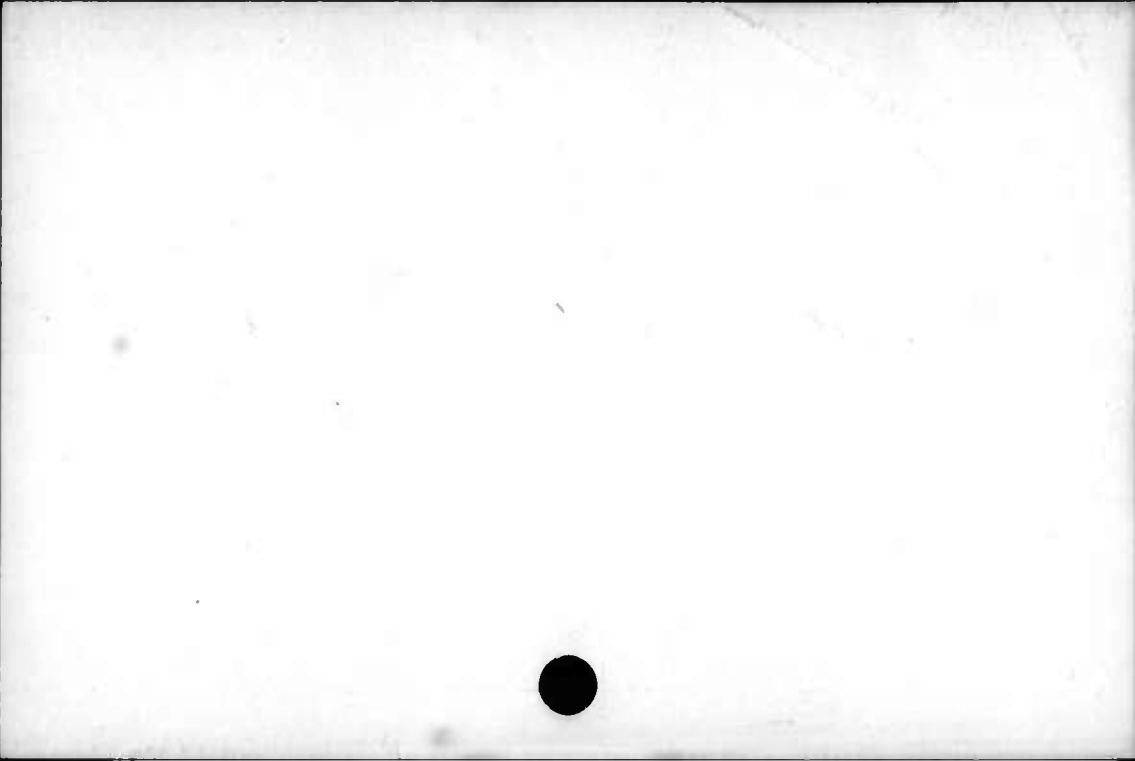
PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	1 yr
Immediate	Exthaustion	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. H. Braeum
		Address	Cumoo md
Accident or Suicide?	g		





Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ellerslie</i> Town		<i>Allegheny</i> County		MARYLAND	
	Date of death 1903	Month <i>6</i>	Day <i>8</i>	Age Years	Months <i>1</i>	Days
	Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Ellerslie md</i>		
	Married, Single or Widowed <i>✓</i>		Occupation <i>✓</i>			
	Name of Wife or Husband <i>✓</i>					
	Father's Name <i>Walter Priddy</i>		Father's Birthplace <i>Frankburg md</i>			
Mother's Maiden Name <i>Emma Lowery</i>		Mother's Birthplace <i>Ellerslie md</i>				
Name of person giving In formation <i>J. Earl Smith</i>		How related to deceased <i>Father</i> <i>none</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Still Birth</i>		How long <i>✓</i>			
	Immediate <i>✓</i>		How long <i>✓</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Earl Smith</i>			
			Address <i>Ellerslie</i>			
	Accident or Suicide? <i>✓</i>		<i>md</i>			



Name  
in  
Full

B. B. Crowfoot

CERTIFICATE OF DEATH

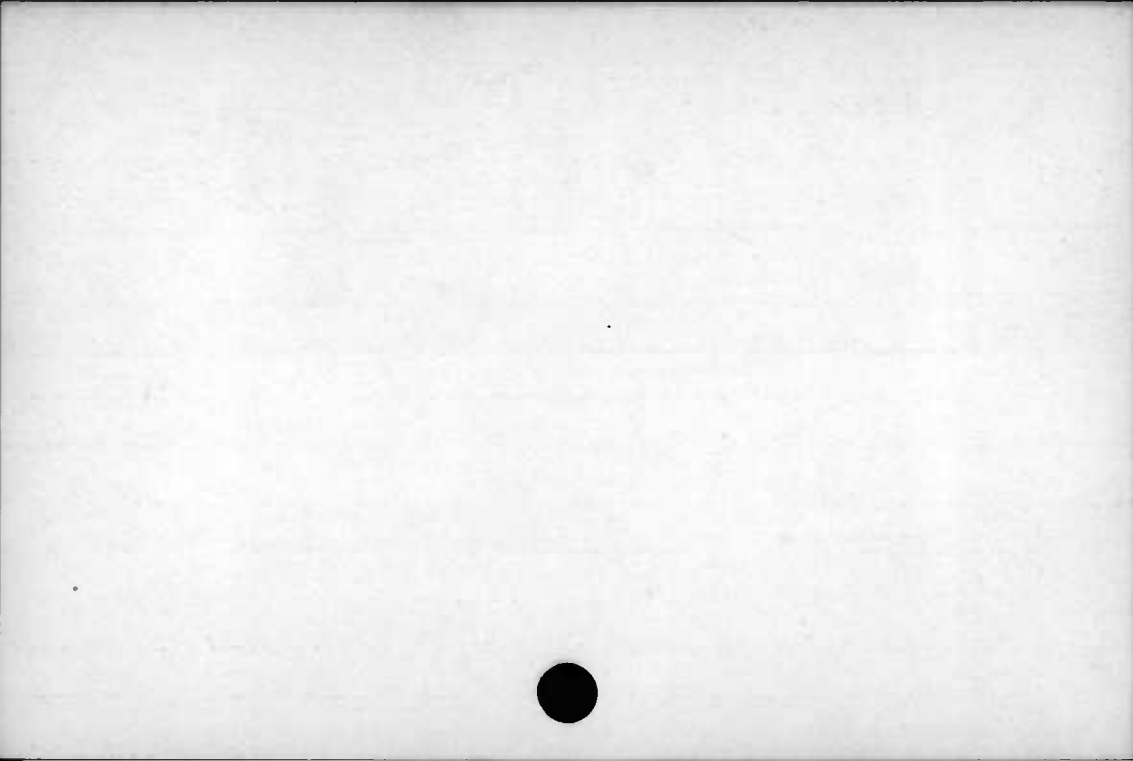
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
June		1		24			
Sex	male	Color or Race	white	Birth-place	WVA		
Married, Single or Widowed		single		Occupation			
				Fireman			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				E. B. Blaybrook		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Small Pox	How long	6 days
Immediate	Toxaemia	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. B. Blaybrook M.D.	
Address		Cumberland	
Accident or Suicide?			



Name  
in  
Full

Honora - Rafferty

## CERTIFICATE OF DEATH

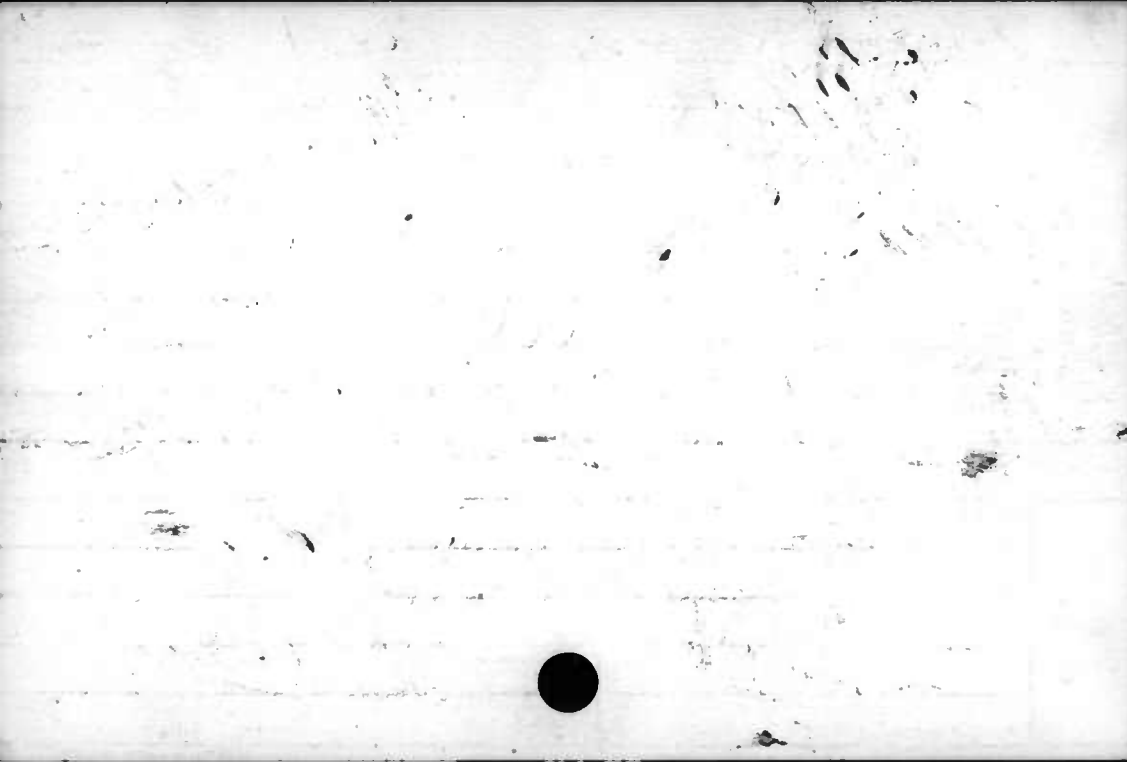
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frostburg</u> <sup>Town</sup> <u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>25</u>	Age <u>2</u> <sup>Years</sup> <u>11</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth place <u>Frostburg</u>	
Married, Single or Widowed <u>Single</u>	Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Rafferty</u>		Father's Birthplace <u>Frostburg</u>	
Mother's Maiden Name <u>Anastasia Baldi</u>		Mother's Birthplace <u>Frostburg</u>	
Name of person giving information <u>Charles Rafferty</u>		How related to deceased <u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute Gastro-enteritis</u>	How long <u>3 days</u>
Immediate <u>Exhaustion 105</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. C. Cohen</u>
<u>2</u>	Address <u>Frostburg</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Mrs Sesta Rawlings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	Month <u>June</u>	Day <u>22</u>	Age <u>28</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>House-work</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William</u>				
Father's Name <u>John Gorman</u>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Small-Pox</u>	How long <u>5</u>	How long <u>10 days</u>
Immediate <u>Small-Pox</u>		How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Francis P. O'Neil, M.D.</u>	
	Address <u>Cumberland</u> <u>Md.</u>	
Accident or Suicide? <u>no</u>		





Name  
in  
Full

## CERTIFICATE OF DEATH

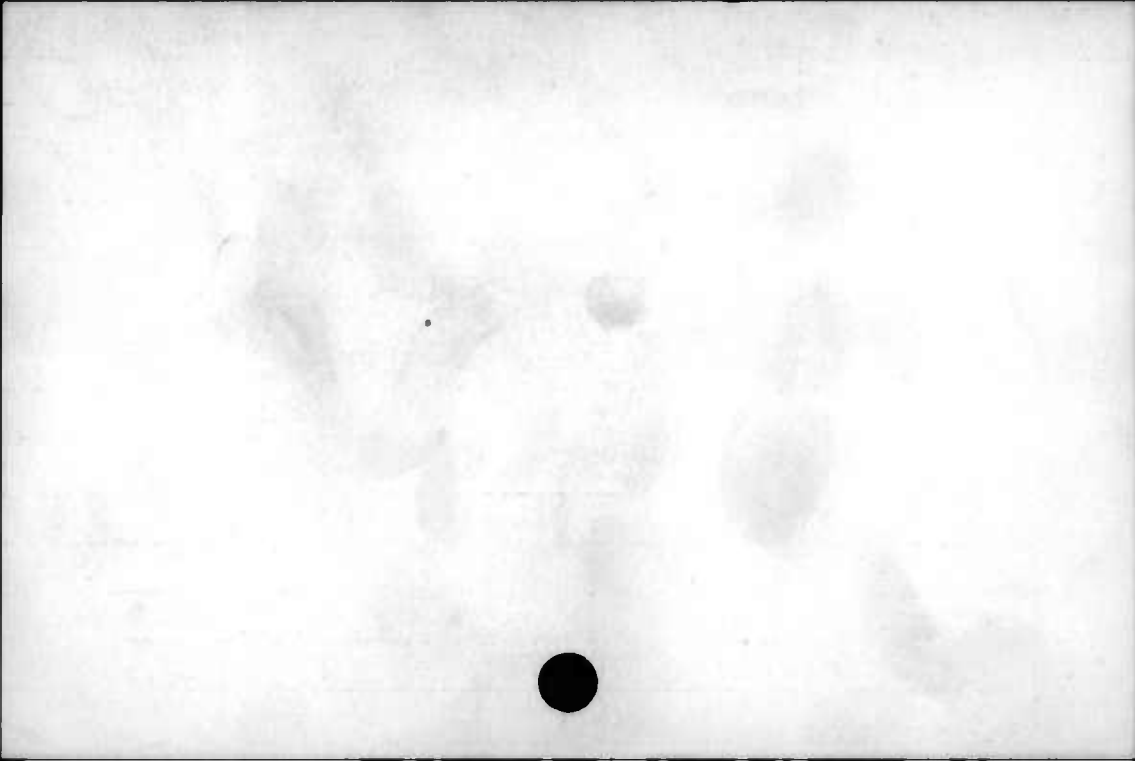
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>Town</sup>		<i>Rawlings</i> <sup>County</sup>		all <i>all</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>14</i>	Age	Years	Months	<i>1 Hour</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland, Md</i>				
Married, Single or Widowed <i>Single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Wm Rawlings</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Sota Gorman</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

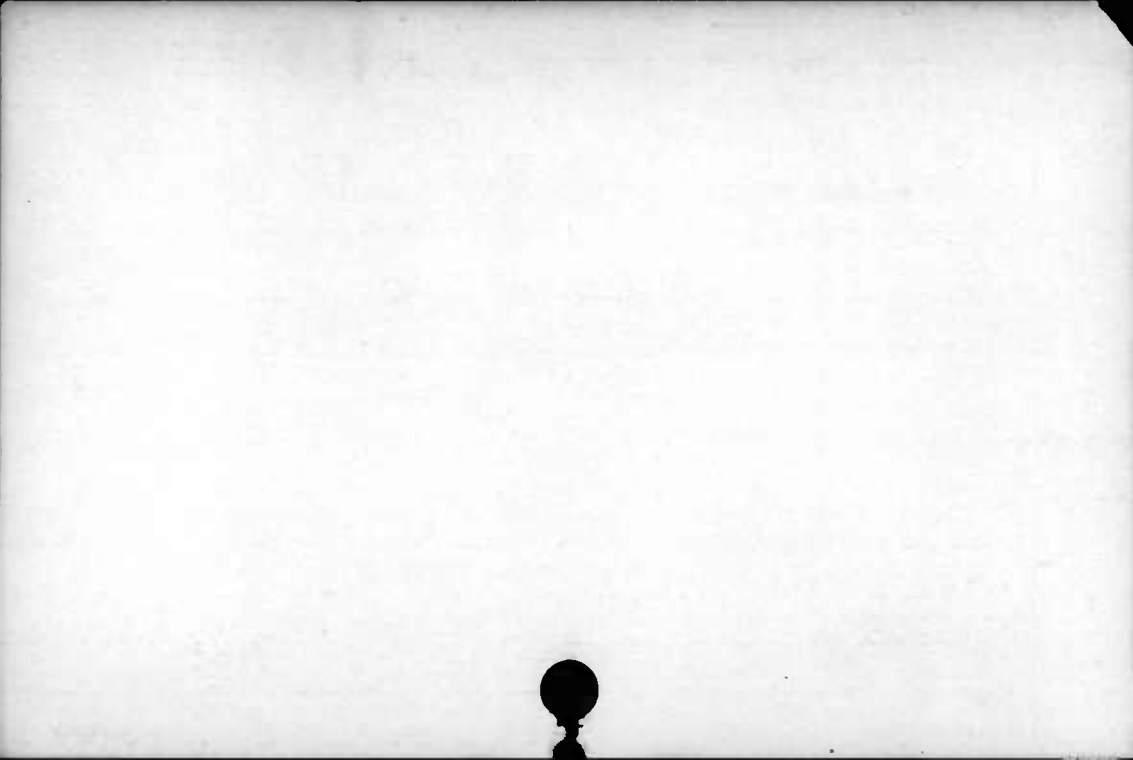
Primary	<i>Exhaustion</i>	How long	<i>1 hour</i>
Immediate	<i>151</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. V. Brown, M.D.</i>	
		Address <i>Cumberland Md.</i>	
9 Accident or Suicide?			



Name in Full		John Ross				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Barton		Allegany			
Date of death 1903		Month June		Day 11		Age 81	
						Months 6	
						Days	
Sex		<del>White</del> Male		Color or Race White		Birth-place Allegany Co Md	
Married, Single or Widowed		Widower		Occupation		Carpenter	
Name of Wife or Husband		Elisabeth Michaels					
Father's Name		Wm Ross				Father's Birthplace Maryland	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		Sampson Ross				How related to deceased Son	
CAUSES OF DEATH							
Primary		Obstruction of the bowel				How long Ten days	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		108 St Boncher	
				Address		Barton Md	
Accident or Suicide?		9					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

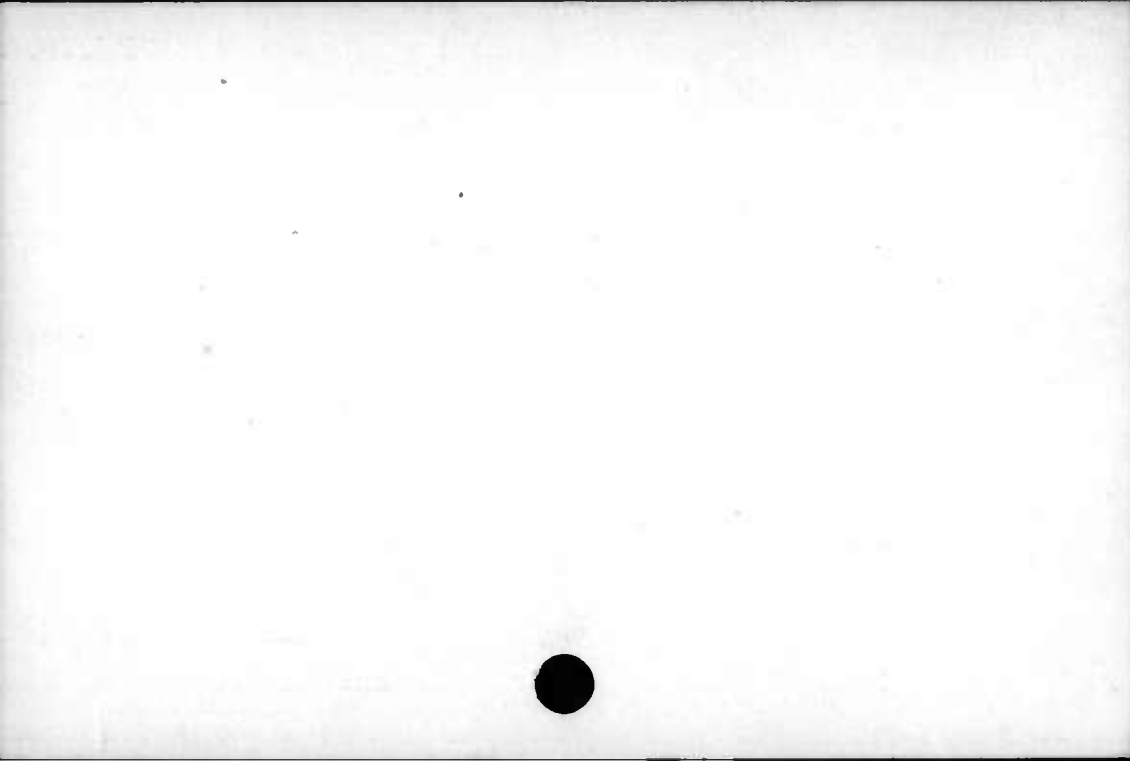
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>W. Sprague</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190	3	Month	June	Day	3
Age	84	Years		Months	+
Sex	Female	Color or Race	White	Birth-place	Bavaria
Married, Single or Widowed	Widow		Occupation <i>Housewife</i>		
Name of <del>Wife or</del> Husband	<i>Peter Schantz</i>				
Father's Name	<i>Klein</i>			Father's Birthplace	Bavaria
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	unknown
Name of person giving information	<i>Clement Reider</i>			How related to deceased	son-in-law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Synclity</i>	How long	<i>119</i>
Immediate	<i>Acute nephritis</i>	How long	<i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edward J. Larkin</i>
	<i>g</i>	Address	<i>W. Sprague</i>
Accident or Suicide?	<i>g</i>		



Name  
in  
Full

Ethel L. Snyder

## CERTIFICATE OF DEATH

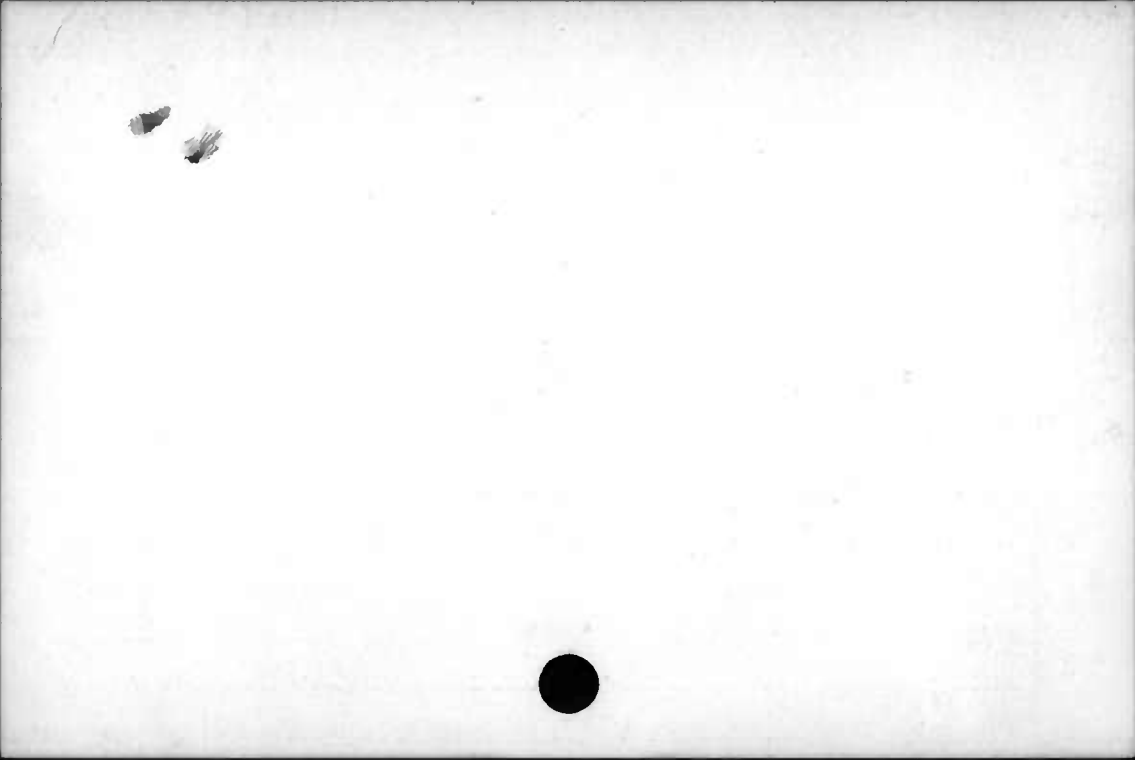
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ellerslie</u> Town		County <u>Allegheny</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>20</u>	Age <u>7 yrs</u>	Months <u>3-</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Orleans Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>			
Name of Wife or Husband _____					
Father's Name <u>don't know</u>				Father's Birthplace _____	
Mother's Maiden Name <u>Minnie A. Smith</u>				Mother's Birthplace <u>Handcock Md</u>	
Name of person giving information <u>Melinda Snyder</u>				How related to deceased <u>Grandmother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Meningitis Cerebro</u>	How long <u>48 hrs</u>
Immediate <u>Stroke</u>	How long <u>48 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. Earl Smith</u>
<u>Yes</u>	Address <u>Ellerslie</u>
Accident or Suicide? <u>—</u>	<u>Md</u>





Name in Full

Certificate of Death

Perry A Smith

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

6

24

Age

45

2

24

Male

Married

~~Widow~~

Divorced

Laborer

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Georgia Smith

Cause of

Primary

Typhoid fever

Death

Immediate

Heart failure

How long sick

11 days

~~Accident, Suicide, Homicide~~

Reported by

Address

J. A. Thompson  
63 N. Mechanic St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

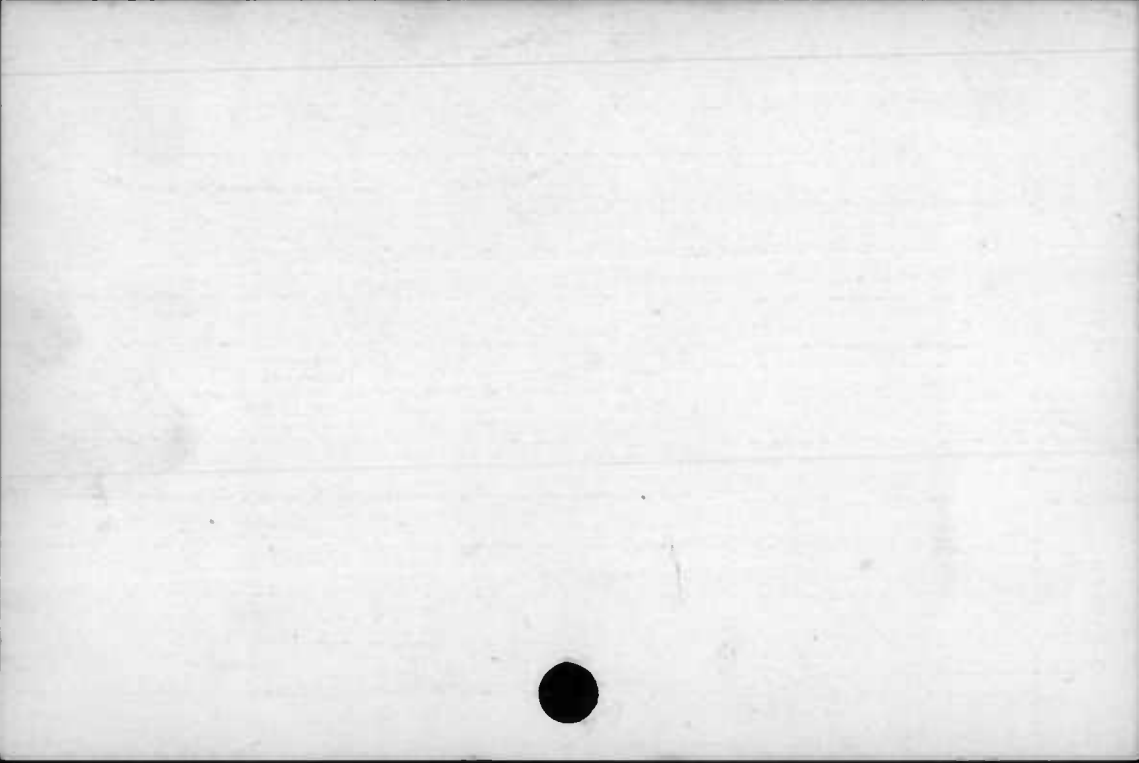
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i> <sup>Town</sup>		<i>Seegary</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>6</i>	Day	<i>7</i>
Sex <i>male</i>		Color or Race <i>W</i>		Age	<i>1</i>
Married, Single or Widowed <i>_____</i>		Occupation <i>_____</i>			
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Carl Speelman</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Edith Payton</i>			Mother's Birthplace <i>W. Va</i>		
Name of person giving information <i>" "</i>			How related to deceased <i>151</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Fracture birth</i>	How long	<i>_____</i>
Immediate	<i>_____</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>_____</i>		Signature of Physician <i>W. F. Turge</i>	
		Address <i>Cumtland, Md.</i>	
Accident or Suicide? <i>9</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Nathaniel N. Spiker* Town *Cumtob* County *Allegheny*

Died at *Cumtob*

Date of death 190 *2* Month *6* Day *14* Age *23* Years Months Days

Sex *Male* Color or Race *White* Birth-place \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_

Name of person giving information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

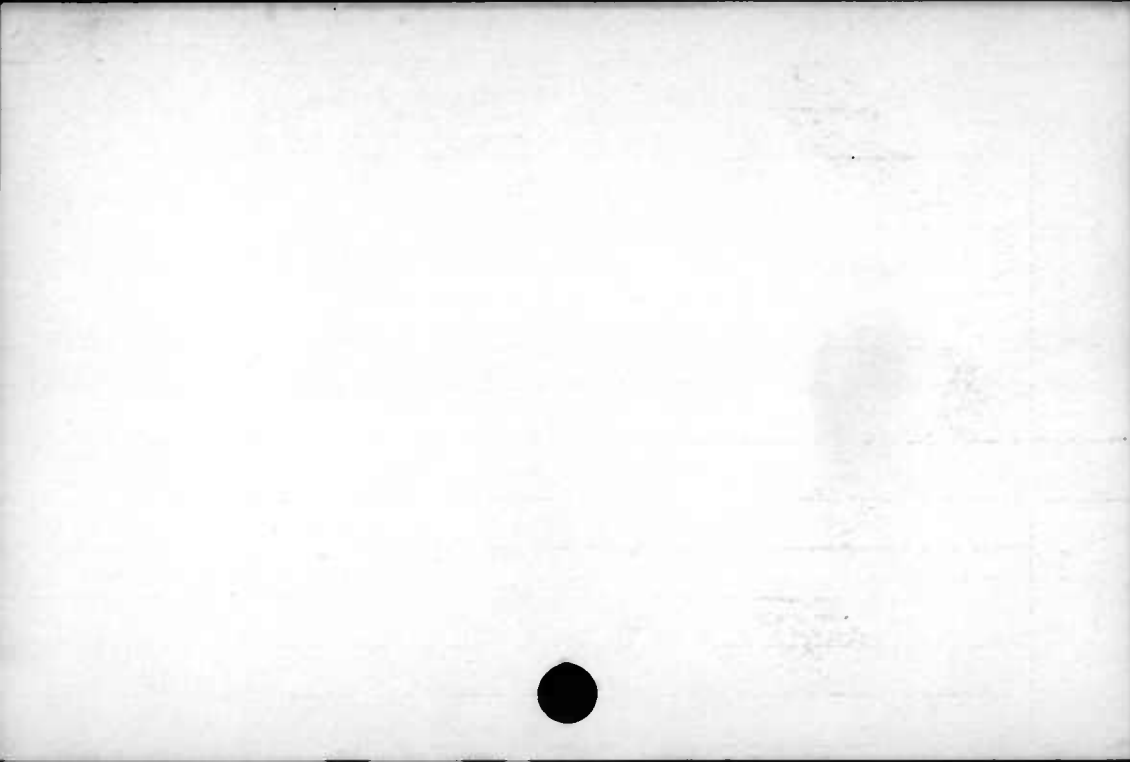
Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate *Killed on Rail* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *William Connor*

Address *Coroner*

Accident or Suicide? *9*



Name in Full

Certificate of Death

Marino Stefano

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1973

June 23

Month

Day

Age

35

Y.

M.

D.

Native of

Occupation

Stally Marie

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Gunshot Wound of Lung

How long sick

3 days

Death

Immediate

Heart Clot

Accident, Suicide, Homicide

Reported by

B. C. Miller

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893





Name  
in  
Full

Mora Stichel

## CERTIFICATE OF DEATH

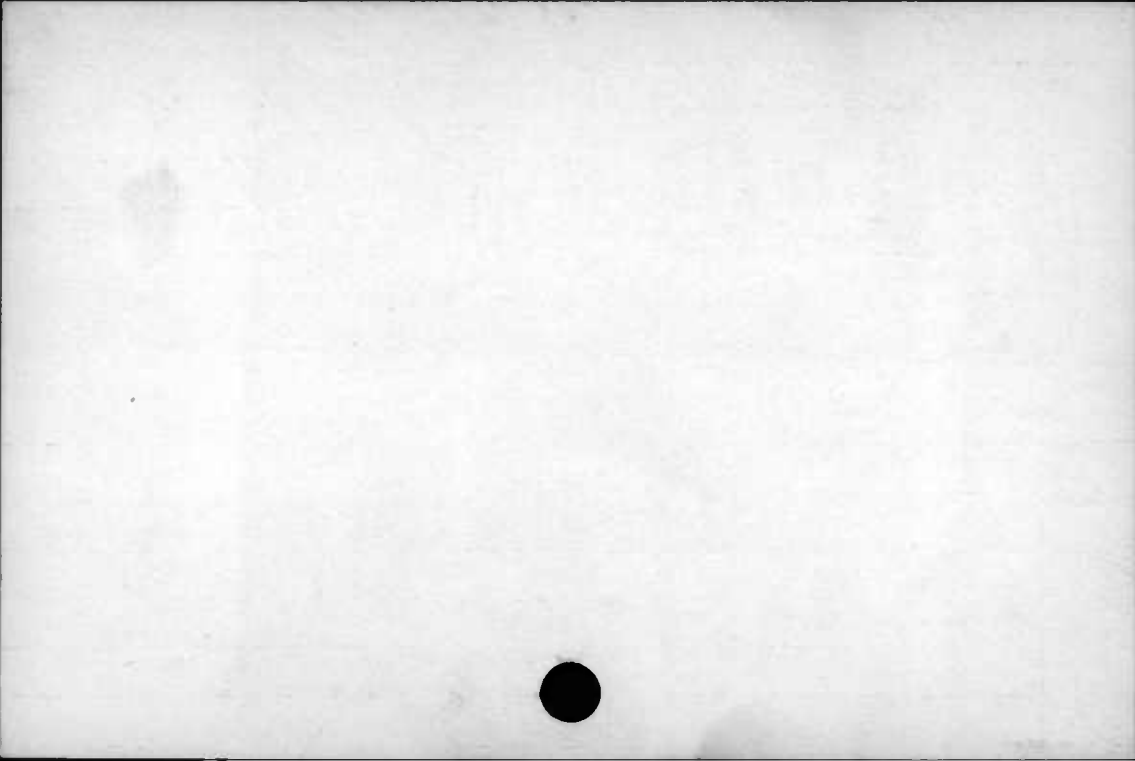
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190	3	Month 6	Day 14	Age	Years	Months 17	Days
Sex <i>M.</i>	Color or Race <i>N.</i>		Birth- place <i>Md</i>				
<del>Married, Single</del> <del>or Widowed</del>				Occupation			
Name of Wife or Husband							
Father's Name <i>George Sweitzer</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary Dennison</i>				Mother's Birthplace			
Name of person giving In formation <i>Mrs Herbert Sweitzer</i>				How related to deceased <i>Sister-in-law</i>			

## CAUSES OF DEATH

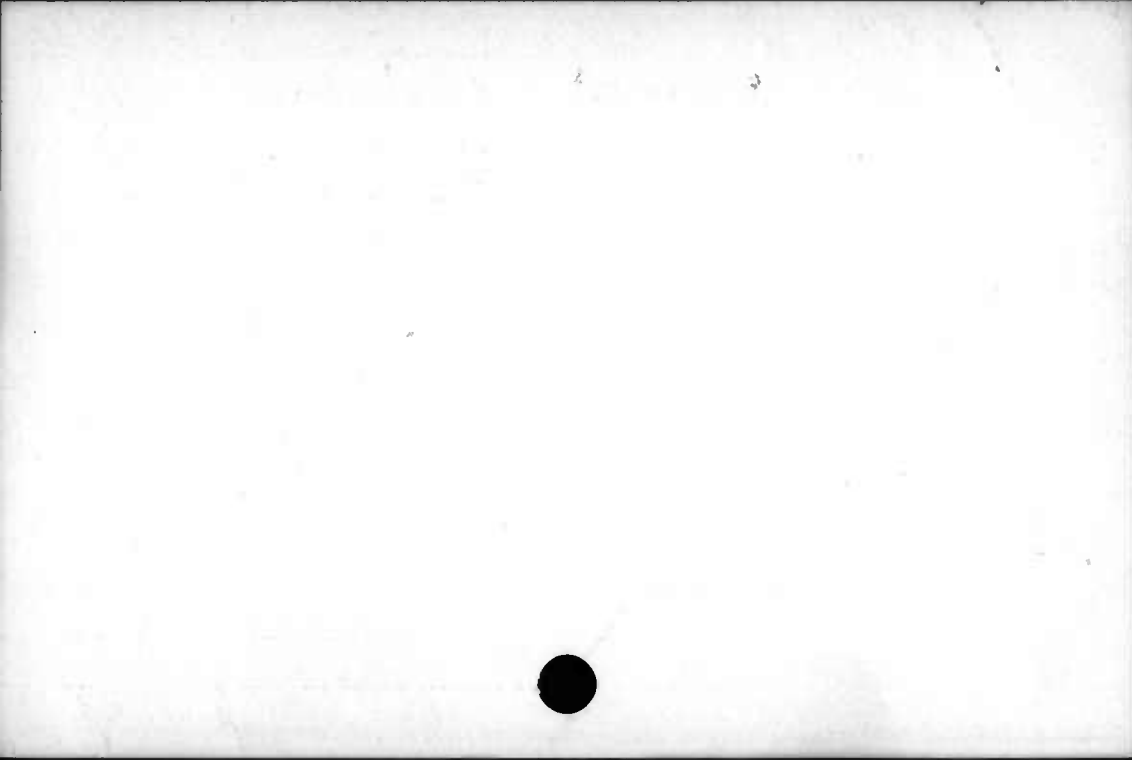
PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>	How long	<i>1 wk</i>
Immediate	<i>Broncho-Pneumonia</i>	How long	<i>5 Days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician <i>H. J. McInerney M.D.</i>		Address <i>Frostburg Md</i>	
Accident or Suicide?		<i>9</i>	

G M

Allegany County -

Name in Full		CERTIFICATE OF DEATH			
Clougo Beck Turner		Maryland			
Died at		County			
HT Cottage		Morgans			
Date of death 190		Month		Days	
3 June		8		23	
Sex		Color or Race		Birth-place	
Male		W -		Philad. Pa.	
Married, Single or Widowed		Occupation			
Married		Cachier Union Mining Co.			
Name of Wife or Husband		Sarah Kenah			
Father's Name		Father's Birthplace			
John Springer Turner		New Castle, Del.			
Mother's Maiden Name		Mother's Birthplace			
Susan Beck		Philad. Pa.			
Name of person giving information		How related to deceased			
Sarah Kenah		Wife			
CAUSES OF DEATH					
Primary		How long			
Gaut		10 years			
Immediate		How long			
Syncope		2 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Edward Quaker			
		Address			
		Mt. Savage Md			
Accident or Suicide?					
9					



Name  
in  
Full

## CERTIFICATE OF DEATH

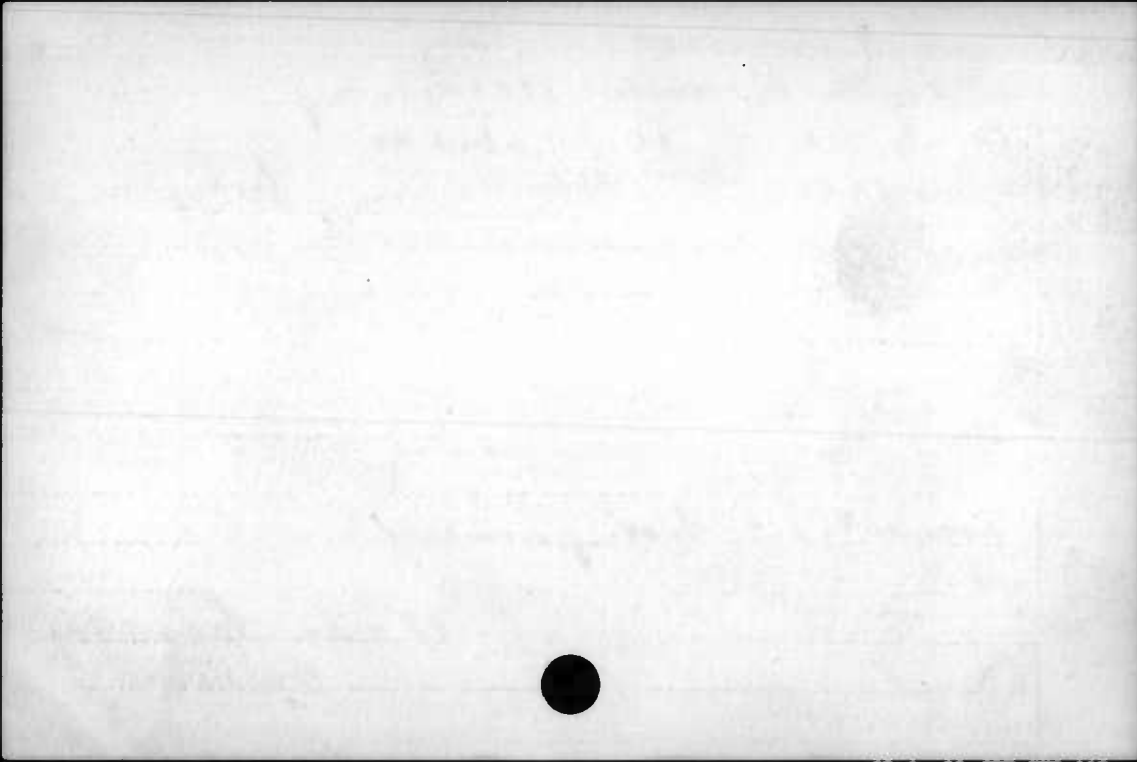
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Douglas Coddell</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Lonaconing</i>		Month <i>June</i>		Day <i>16</i>		Age <i>3</i>	
Date of death 190 <i>2</i>		Years <i>3</i>		Months <i>3</i>		Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Lonaconing</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Teacher</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Douglas Coddell</i>				Father's Birthplace <i>Lonaconing</i>			
Mother's Maiden Name <i>F. Mason</i>				Mother's Birthplace <i>Scotland</i>			
Name of person giving In formation <i>—</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>10 5</i>	
Immediate <i>Meningitis (Cerebral)</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling</i>	
Address <i>Lonaconing</i>			
Accident or Suicide? <i>—</i>			





Name  
in  
Full

Charles Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		June	18	Age 22			
Sex	Male	Color or Race	White	Birth-place	West Va		
Married, Single or Widowed	Single		Occupation	Student			
Name of Wife or Husband							
Father's Name				Joseph Warner			
Mother's Maiden Name				Rosalie Heath			
Name of person giving information				Charles Joseph Warner			
Father's Birthplace				Germany			
Mother's Birthplace				West Va			
How related to deceased				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Abscess of Brain	How long	74
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		B. G. Miller	
		Address	
Accident or Suicide?		9	



Name in Full

Certificate of Death

Lawrence H. Alf.

Town

County

Died at

Ellerslie

Allegheny

MARYLAND

Date 1903

Month

Day

June 4

Y.

M.

D.

Native of

Occupation

Age

14

School Boy

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Affluentia

118

How long sick

Death

Immediate

Valvular disease of heart

Accident, Suicide, Homicide

Reported by

B. C. Miller

Address

Cumberland

M. &amp; S.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



7.

Name in Full		Certificate of Death			
Unknown		Maryland			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>North Branch</i> <sup>Town</sup>		County <i>Allegheny</i>		
	Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>26</i>	Age <i>about 40</i>	Years <i>Months</i> Days <i>—</i>
	Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>foreign</i>	
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name			Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
Name of person giving information <i>157</i>			How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>found Dead. hanging himself</i>			How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>W. J. Corcoran</i>	
				Address <i>Corcoran</i>	
	Accident or Suicide?				

